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THE HAIR WITH THE TOILET—CARE IN HEALTH AND TREATMENT IN DISEASE.

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THE importance of the hair as a natural protection and a personal adornment causes one to view with regret the increasing tendency among civilized peoples toward premature baldness. A marked difference exists in regard to the nature and abundance of hair in the different races of mankind. The American Indian and the Malay are distinguished by coarse, straight hair, growing abundantly upon the head, but sparsely upon the face. A striking contrast exists between the scanty locks of the Mongolians and the exuberant capillary development of the Ainos, who are descended, it is supposed, from the indigenous population of Japan. The scalp of Bosjesmans is covered with tufts of hair separated by intervening spaces, while the crisp wool of the African negro is characteristic. The North American Indian, deficient as regards beard, carefully divests himself by epilation of the few, thin, and straggling hairs which invest his face. On the other hand, those races on whom the beard flourishes luxuriantly have generally held it in high esteem as a badge of manhood and strength. The hair of the head and face was often associated with religious rites and observances. The ancient Hebrews thought of shaving as denoting shame or affliction, and, in predicting the desolation of Moab, the prophets Isaiah and Jeremiah declare that, among other judgments, "every head shall be bald and every beard clipped." Tradition taught that Adam was created with a beard, and this growth became a mark of their faith to the Jews, who scrupulously retained the beard during their sojourn in Egypt. A rude touch of the beard was a severe blow to personal dignity. This feeling has been generally shared by the Mohammedans, whose prophet never suffered his face to be touched by the razor. The Arabs, akin to the Hebrews, look with abhorrence upon a bald head, and conclude their solemn oaths with the words: "If I have done it, then may the Lord turn my locks into a bald head." In Babylon, Assyria, and Persia the beard was held in high honor. This appendage was commonly worn among the Greeks until Alexander the Great ordered its sacrifice, when he found that his soldiers' beards served as handles to their enemies when engaged in battle. The Romans allowed the hair and beard to grow long until 290 B.C. From that time until the accession of Hadrian, in 117 A.D., fashion ordained that the beard be shaved and the hair cut short. The first day of shaving was regarded as marking the advent of manhood, and kept as a day of family rejoicing. The belief that an abundance of hair denotes muscular vigor has survived to the present day, and in Christian communities is probably based upon the history of Samson. To keep the beard uncut in fulfillment of a vow was a custom of the Hebrew Nazarites, and the practice is not, indeed, entirely unknown in our own times. Among the Thibetans the hair, after death, is plucked from the top of the head, in order to allow the escape of the animating spirit. Numerous interesting instances of religious, superstitious, or popular

observances relating to the hair might be cited did space allow. The ancient Germans suffered their hair to grow long, and, according to Tacitus, retained it "until advanced age." D'Orbigny, who resided for many years in South America, asserts that he never saw baldness in a full-blooded Indian.

Hygiene, prophylaxis, and therapy are indissolubly connected. The health of one tissue depends upon that of others; sound tissues resist morbific influences more vigorously than those whose nutrition is impaired; the pathology of a disease is related to the physiological functions of the organ or organs implicated. The object of therapeutics is to assist nature to remove or counteract the cause of disease, and to re-establish the normal nutritive processes of the part attacked. We can, therefore, scarcely expect to be successful in our treatment of defective nutrition until we have an intelligent conception of the structure, functions, and mode of nutrition of the diseased parts. For this reason, I shall premise my observations upon the care of the hair by a recapitulation of the chief facts relating to its structure, mode of growth, and uses.

The hairs are cylindrical tubes composed of modified epithelium. Each individual hair is lodged in a depression called the hair-follicle, sheath, or sac. The follicle is a flask-shaped depression, and opens upon the surface by a funnel-shaped orifice. It passes obliquely through the corium into the subcutaneous tissue, and terminates in a bulbous expansion. The follicle consists externally of fibrous tissue, arranged in three laminæ, the outermost of which blends with the fibrous tissue of the corium. The internal layer or root-sheath is continuous with the lower strata of epithelial cells. At the base it is continuous with the cells of the hair-bulb. The follicle is constricted at a point, called the neck, just below the upper surface of the papillary layer of the corium. The ducts of one or more sebaceous glands empty into the follicle at this point. At the bottom of the follicle and projecting into its cavity is a small, pyriform, or oval body, known as the hair-papilla, identical in structure with the other papillæ of the corium. It contains two arteries, two or more veins, and some medullated nerve-fibres. A hair consists of a free portion, called the shaft, which extends above the surface of the skin; an inclosed portion or root, contained within the follicle; and an expanded portion or bulb, which rests upon the hair-papilla. The bulb completely fills the lower part of the follicle and embraces the hair-papilla. It is composed of several layers of polyhedral nucleated cells, which are continually in an active state of multiplication and gradually raised in the cavity of the follicle, forming the cells of the root of the hair. The hair-root consists of a medulla, a cortex, and a cuticle. The medulla occupies the centre of the hair from the bulb nearly to the tip of the shaft. The cortical substance is composed of several layers of fibres made up of flattened epithelial cells. The cuticle is a thin membrane, which completely invests the hair, is closely united internally to the cortex and externally to the cuticle of the root-sheath. It invests the entire hair from the papilla to the point. The hair-cuticle consists of a single layer of non-nucleated hyaline scales, arranged transversely, and overlapping each other like the tiles on a roof or the scales on a fish.

Hairs obtain their nourishment by imbibition from the hair-papillæ principally, but also, to a certain extent, from the walls of the follicles in which they are imbedded. The hair cells have the power of elaborating a peculiar cholesterin fat, by which their pliability and lustre are preserved. The imbricated scales of the hair-cuticle overlap each other from below upward, so that, as the tube ascends through its follicle, the scales sweep before them detached epithelium, sebaceous secretion, or any foreign matter which may have penetrated the pouch. Sebum serves a variety of purposes. It protects the skin against atmospheric changes, prevents maceration of the epiderm by profuse perspiration, lessens the friction between contiguous surfaces, and guards the skin at the outlets of the body from the action of irritant discharges.

Hair is developed upon nearly every portion of the surface, the exceptions being the upper eyelids, vermilion borders of the lips, the palms, the soles, the dorsal surfaces of the last phalanges of fingers and toes, the clitoris, and glans penis. The direction taken by the shaft is governed by the angle of obliquity at which the follicle is set in the skin. Four varieties are distinguished according to their variations in diameter and thickness, viz., the long and soft hair of the scalp; the long and coarse hair of the beard, axillæ, and pubis; the short, coarse hair of the eyebrows, eye-

lashes, nostrils, and external auditory meatus; the soft and fine hair of the face, trunk, and other portions of the body, known as lanugo-hair. Hair is, especially upon the crown of the head, arranged in the form of spirals. The shaft may be either straight or curled, the former exhibiting a circular form upon cross-section, the latter oval or, in the case of the negro, reniform.

Its natural term of growth varies from two to six years. When its term of existence is completed the hair is loosened from its papilla, falls out or is easily withdrawn, being replaced by another developed from the same papilla. The thickness of the hair depends upon age, sex, its color, and the state of health. The average thickness of the shaft is, in men, about $\frac{1}{400}$ inch, being coarser in women than in men; except that, in men, when frequently cut the hair becomes coarser. It is finer in children than in adults. The thickness is related to the color, also, light shades and especially flaxen being the finest and black the coarsest. The diameter is appreciably altered by different diseases. The length differs in individuals and even in the same person, according to the condition of the hair-sac and bulb and the portion of the body upon which it is situated. The average length of the hair of the head is, according to Wilson, from twenty to thirty-six inches, though it not infrequently attains the length of five or six feet. Withoff estimates that the beard grows at the average length of a line and a half in a week or six and one-half inches in the course of the year. The hair of the head is developed at about the same rate. Frequent cutting temporarily stimulates hair-production, and it becomes coarser and stronger. The effect, however, is eventually reversed.

Berthold assures us that the hair grows more rapidly by day than by night, more in summer than in winter. That the hair grows after death is a popular delusion, founded upon the fact that in the post-mortem contraction of the skin and deeper tissues the hair and nails are mechanically extruded. Vital nutrition must cease at death, and the hair, being unsupplied with nutrient material, cannot grow.

Instances of abnormal production are sometimes met with in the persons of bearded women and children, in the growth of long hair from the ears, nose, face or general surface.

The quantity of the hair varies according to the number of follicles, the age and health of the individual. The lighter the color, the more numerous are the hairs. Different calculations have placed the number of hairs upon the scalp at 80,000 to 120,000. The hair has the property of assuming an electric state. It is very elastic, and capable of sustaining a considerable weight; absorbs and gives off water, and readily takes up fat. The color depends upon the presence and amount of pigment deposited in the hair-cells and in the interstitial cement-substance by which the cells are connected. Dark hair contains an abundance of interstitial pigment-granules, while in the red the pigment is confined to the substance of the hair-cells. White hairs are destitute of coloring matter. Gray contain bubbles of air in their superficial layers.

A chemical examination of hair shows it to consist of albumen, fats, water, and mineral matter, among which is manganese, iron, silicon, and sulphur.

The hair retains its physiological appearance long after the other parts of the body are decomposed. Instances are on record in which human hair was detected by the microscope in parchment after a lapse of several hundred years.

Hair is an ornament and a protection. Its ornamental office is of much greater importance in females, among whom the care and arrangement of the hair very properly occupies a large portion of their time and attention. A study of the various modes of hair-dressing which have prevailed from the dawn of ancient civilization to the present day will demonstrate the care which has been taken to make the hair the ornament of the head. Nor even among men is the æsthetic arrangement of the hair and beard unknown or valueless. In past times and in monarchical countries it is curious to observe how fashion was often controlled by the physical peculiarities of the sovereign, a hirsute king being attended by bearded courtiers, while the beardless ruler was complimented by seeing none but shaven faces.

Hair is useful as a protection against the action of external irritants, such as heat, cold, dust, insects, etc. The hair of the scalp also is defense against injury on account of its elasticity. A poor conductor of heat, it assists in preserving and equalizing the temperature of the body. In the tropics it defends from the rays of the sun; in frigid climes it is a

source of warmth. The eyebrows, lashes, and the hairs of the nostrils protect from dirt—an office very important to travelers through hot and dusty countries, to blacksmiths, miners, and workers in other dusty trades. Whiskers are a defense to the throat and chest against inflammatory attacks.

From all that has been said, it follows that the proper care of the hair involves both constitutional and local measures and should begin from infancy. In the first place, it is to be remarked that many inherit a tendency to baldness through a congenital weakness of the entire hair-forming apparatus. The parts concerned in the production of hair may suffer from inherent debility, just as the general structure of the integument in some persons predisposes to eczema or dermatitis, as an ill-nourished nervous system conduces to neuralgia, chorea, insanity, drunkenness, epilepsy, or a congenital insufficiency of the liver engenders lithiasis and gout. A healthy condition of hair-bulb, hair-papilla, and hair follicle depends upon a plentiful delivery of healthy blood to the papilla, an obstructed follicular cavity, a steady trophic and vasomotor influence, and upon the absence of general or local disease. Baldness is much more common among men than women, and this is the result of many co-operating causes. In women the subcutaneous layer of areolar tissue beneath the scalp is thicker than in men, thus allowing a more abundant supply of nutrient material to the hair-follicles. Again, women devote much more scrupulous attention than men to the care of their natural ornament. They are, also, by their mode and habits of life, less exposed to the action of various causes which debilitate the constitution. They are quick to detect the first approach of baldness, and skillful in concealing its encroachments by the manner in which they dress the hair.

The hygiene of the hair, in as far as it relates to systemic nutrition, begins from infancy. In other words, as general nutrition depends upon diet, the diet of infancy and childhood is of importance to the growth of the hair, just as it is to the strength of the muscular system. Babes, on both and all accounts, must be properly fed at proper intervals. They must not be allowed to constantly nurse or suck at the bottle, inducing fits of indigestion, skin troubles, and general lack of vigor. If they must be artificially fed, carefully-prepared cows' milk is better than any of the manufactured substitutes for milk, which as often do harm as good. Children should be sufficiently supplied with substantial viands, and the allowance of ices, sweetmeats, and pastries should be limited. Dietetic errors breed in children eczema, trichophytosis, and scrofula, and, consequently, a feeble growth of hair. In adolescents and adults the natural laws conducive to good digestion should be obeyed. Food should not be taken too frequently or in quantities which the system is unable to appropriate. Disregard of these laws loads the blood with excrementitious material, strains the eliminative system, depresses the nutrition of every tissue, and, among other effects, predisposes to baldness. Baldness is more common among brain-workers than artisans. The student is a sedentary man, of deficient muscular force, comparatively feeble circulation, dyspeptic, and, moreover, one in whom a preponderating quantity of blood is sent inside the cranium at the expense of the outside. Hence, the hairs suffer and early die.

Influences originating in the nervous system have a powerful effect upon the hair-forming apparatus. The skin of the scalp grows white and shiny, loses its sensibility; the hairs fall out, and are not replaced. Among causes of this kind I may enumerate the cramming system of education so much in vogue, loss of sleep, incessant cares, anxiety, grief, excitement, sudden depression and exaltation of spirits; abuse of tobacco, spirits, coffee, and drugs; immoderate sexual indulgence; habitual stimulation of the sexual organs, due to long courtships, lewd talk, plays and books, and onanism. Many acute diseases cause premature falling of the hair. Among these maladies some impair nutrition by way of the general system; others are localized upon the scalp and exert a direct malefic influence. So interlaced, however, are cause and effect, that disease of the scalp frequently has a remote constitutional origin. As an example of this statement I may instance seborrhœa, a prolific cause of alopecia. Erysipelas, a constitutional affection, depresses nutritive conditions by both a local and general action. The puerperal state, typhoid, typhus, cerebro-spinal fever, the eruptive fevers,—especially scarlatina,—and secondary syphilis determine a loss of hair. In addition to seborrhœa, eczema, or impetigo of the scalp, tinea tonsurans, and other cuta-

neous disorders may impair the vitality of the hair. Permanent alopecia is occasioned by the kerion stage of tinea. Lupus vulgaris, lupus erythematosus, morphœa, and favus may lead to destruction of the hair-follicles and irremediable baldness. Hyperidrosis frequently precedes alopecia.

The Toilet Care in Health.—Bad habits, as regards the coverings or dressing of the hair, dispose to its fall. Equally with the more highly vitalized structures, hair requires ventilation and sunlight. These sanitary influences are largely excluded, especially in men, by the senseless habit of keeping the head almost constantly covered. The health of the hair would gain did not rigid custom decree that a man must not appear bare-headed in the street. The stiff silk hat, cherished of fashion, is the greatest offender in this respect. The pressure of the brim of the hat is a factor not without influence in the production of premature baldness. The least injurious hats for winter wear are those of soft material, light weight, and perforated by numerous openings; for summer, light straw hats of open structure, through which the air can freely play. It is not essential that hats, like clothes, should be warm when donned, as the hair needs no artificial warmth. A sparing use of oil promotes nutrition, may arrest splitting, and a ragged condition of the edges of the hair. It overcomes, likewise, any hygroscopic state that may be present. The oil of ergot is particularly beneficial. Animal oils, as a rule, are to be preferred to petroleum fats, on account of their superior affinity for animal tissues. The head-wear of women is not usually, at least according to the prevailing styles, as injurious as those of men. On the other hand, the use of false curls, switches, puffs, etc., is certainly prejudicial. These appendages check evaporation of the secretions, prevent proper regulation of the temperature of the scalp, and favor the retention of excrementitious matter. False hair, moreover, affords an excellent nidus for parasites. The hairy scalp and beard should be washed at least once or twice a week with soap and warm water, so that skin and hair may be kept cleansed. An excess of soap, however, is to be avoided, as it is apt to irritate, and thus defeat the purpose of its use. Again, a daily shower-bath upon the head is injurious, and, if taken, the hair should be protected by a bathing-cap. Unless the hair is washed at the morning bath, the most suitable time for performing its toilet is immediately before going to bed. After a surf-bath the hair should be thoroughly rubbed with dry towels, and allowed to remain loose until thoroughly dry, after which it may be dressed. Pomatum is often used, because it remains on the surface and gives a full appearance to the hair, thus hiding, to a certain extent, any thinness which may be present. The comb should have coarse, large, blunt teeth. The fine-tooth comb need only be used when the hair is filled with fine scales or dirt or contains parasites. It should never be dug into the scalp, but gently drawn through the hair. A moderately stiff brush may be used several times a day, in order to keep the surface smooth and free from dust. Rough brushing is injurious. The same is to be said of the so-called "electric brushes," which contain no electricity, but have a concealed loadstone, which attracts the needle of the compass which accompanies it.

Bandoline is apt to change the color of dark hair to red. Dusting-powders, especially diamond and gold-dust, cut the hair, and cause it to become brittle, dull, and lifeless, close the ducts, and check the growth. Hair-pins cut the hair and injure the scalp. Women should wear the hair as loose as possible, especially at night. Before retiring it should be let down, combed, and tied with a loose ribbon, or placed in a loose net or cap of light material.

An alteration of texture or a sudden fall or change in color indicates disease of the hair, of either local or constitutional origin. The hair, the hair-forming apparatus, and, perhaps, the general system claim attention. A searching inquiry will often be necessary in order to determine the cause of the difficulty. No routine treatment can, therefore, be indicated, and, as far as drugs are concerned, the selection must depend upon the circumstances of the individual case.

(To be continued.)

DR. CORNET, a German physician, reports, after extensive investigation, that more than 40 per cent. of all prisoners between the ages of 20 and 40 die of consumption and other tubercular diseases. His theory is that the cells are often infected with the tubercle bacilli of former prisoners, and are never efficiently fumigated before a new inmate is incarcerated.

MORBID SEXUAL PERVERSIONS AS RELATED TO INSANITY.

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RELIABLE facts are of course most difficult to obtain, and such figures reveal little of the real truth; the extensive mental mischief done; of which there can be no doubt whatever. These morbid sexual perversions are most commonly met with in a love of the same sex in both male and female subjects. They are generally associated with more or less mental weakness and a state of psycho-sensory insanity, and are the results of a faulty nervous organization. Although sexual perversion may not necessarily be by itself a perfect proof of insanity, yet in any given case where we find a female developing sexual love for one of her own sex, or a male subject from childhood up showing feminine tendencies, shunning boyish sports, assuming female costume, and developing platonic and sexual love for persons of the same sex, we may strongly suspect the existence of psycho-sensory insanity; by which I mean an abnormal state, in which there is a morbid perversion of the natural feelings, affections, inclinations, habits, moral disposition, and natural impulses, without any remarkable disorder or defect of the intellect or knowing or reasoning faculties, and without delusions. It seems to be a reasoning monomania and sometimes an erotomania. The conduct is affected more than the conversation, but the patient is none the less insane. We often find the dispositions and habits changed, the affections perverted, and, finally, either a maniacal excitement, during which overt acts of a destructive character are committed, or else a weakening of the mental faculties, ending in dementia. We may have an instinctive psycho-sensory insanity, hurrying the patient on to instinctive and automatic acts not preceded by reasoning, and a reasoning psycho-sensory insanity, determining acts which are the consequence of a certain intellectual operation. That a person premeditates a crime is no proof at all that such a person is not insane, as the insane premeditate very often the overt acts they commit, and where the compulsion of disease toward crime is so strong that the patient's will is weakened by the *vis-a-tergo* of the insanity.

There is the absence of self-control produced by disease, and the patient, though well aware that the act is wrong in some cases, has no power of resistance at all. The mental functions of feeling, knowing, emotion, and willing are not performed in their regular and usual manner, and there is very often morbid delusive conception or perception of subjective origin, causing change of mental character as compared with former self or normal ancestral type, through organic conditions originating in disease within the system, external motives playing but a secondary part when they influence at all the mental conduct. Change of character is the ultimate symptomatic expression of insanity, change of mental conduct the immediate. The condition of mind is not voluntary; it is the product of disease. The most striking features of insanity in general, and the strongest proof of the presence of any of its forms, is the change for the worse that takes place in an individual's character and habits. Of course, when we have to deal with a congenital deficiency, the natural character itself being abnormal, this test does not apply. There is very often a true congenital moral deprivation with strong animal propensities, which makes a person practically insane from birth. In these cases there is no sense of shame or remorse. Psycho-sensory insanity occurs frequently in early life. The intellectual faculties appear unimpaired. Both males and females appear to perfectly perceive, and know, and judge. There is no delusion, yet they are insane, and as much need medical care and restraint as the worst forms of mania. There is an entire perversion of the moral principle and there are no good or honest sentiments. They are actuated by their impulses and by the most depraved motives, but it is disease, not crime, that they are suffering from. Many such cases from being refined and virtuous become coarse, depraved, licentious, dishonest, and reckless. Some of them are incorrigible thieves; others exhibit morbid sexual perversion, manifested by love of the same sex, sometimes intense and pure, but more often intense and most impure. Sometimes we find masked epilepsy in these cases, destructive acts and gusts of passion taking the place

of a well-marked fit. They are cases of *petit mal*, and are very dangerous. If such cases could be carefully studied, as they are not, as they rarely come under observation until they have committed some overt act, it would be found that a great many persons, perverse and capricious and depraved throughout their entire life, are really cases of psycho-sensory insanity.

In cases of morbid sexual perversions we sometimes find a true erotomania, characterized by excessive love for an object, a mental affection, in which amatory delusions rule the patient, as religious delusions rule in theomania. It is different from nymphomania and satyriasis in that, in the latter affections, the disease originates in the organs of reproduction, a constant stream of irritative impressions being sent practically without cessation to the brain. In erotomania the seat of the disease is in the brain itself. The two sometimes, however, co-exist, and patients will often pass far beyond the limits of propriety where we can find no trouble in the reproductive organs. I have in mind such a case at present, where, upon the advice of a celebrated gynæcologist, the ovaries were removed and were found to be perfectly healthy, but the patient experienced no relief. After death, when the brain was examined, there was found an extensive area of what had been irritation and inflammation, followed by hardening of the most pronounced nature. In this case there had been many attacks of hystero-epilepsy. In erotomania there is depression of mind and body, emaciation, and, if a cure is not accomplished, the patient rapidly sinks and dies. We very often find erotomania following a religious melancholia, and it occurs more frequently in females than in males.

There are many women with perverted sexual instincts and a psycho-sensory insanity who, at each menstrual epoch, become possessed with a strong homicidal impulse, and those nearest and dearest are often the ones to suffer death at their hands, or perhaps any one who may at the time displease them. Revenge and other motives are not unfrequently mixed up in insanity with such symptoms. Usually, we think, there will be some decided evidence of heredity, or of a change in the feelings prior to the commital of the overt act, but there are many cases, we think, in which the act, and the act alone, may constitute sufficient evidence of the insanity of the homicide. There are often active organic influences of a morbid nature, which, though not externally noticeable, may, when disturbed and disordered at the moment of action, impel the person toward crime. In these cases I think there is generally a *petit mal*, and this disease often weakens volition without any external mental symptoms. In doubtful cases it is very important to make the most searching inquiries as to whether epileptic seizures, however slight and transient, have been noticed. Sometimes a transient dizziness or pallor or a momentary mental blank is the only indication of the existence of a masked epilepsy, and very frequently patients are only under the influence of destructive impulses when such an attack is threatened, and an overt act often takes the place of a fit in such persons.

I have a patient under medical observation and treatment at the present time who is highly educated, refined, and virtuous, and apparently normal in every respect, with not a trace of a delusion, and who is even morbidly sensitive as regards right and wrong; who suffers from epileptic vertigo, which generally comes on either before or after the menstrual epoch, and sometimes during the epoch; who has had strong compulsions of disease toward crime in the form of suicide, and who has been tortured by the thought that she might some day give way to it. It passes away almost immediately, and she is cheerful and sunshiny in the intervals between the paroxysms, and is a devoted wife and daughter. It must be a very simple thing for a homicidal to take the place of the suicidal impulse, and, if she should ever in the future give way to such an impulse, the public and her friends would be greatly astonished, and perhaps refuse to believe her irresponsible for it, as they have never seen any indication of mental mischief. Every physician, however, can see that the question here should be, not could she distinguish between right and wrong at the time of the commission of the overt act, but, could she help it? Could she avoid the compulsion of disease toward crime? Was the act the outcome and product of the epilepsy? No act which is the product of disease of the body affecting the mind by deranging its functions and causing a suspension or impairment of the healthy intellect, the emotions, or the will, can be construed into a crime, and physicians should always voice this in the court-room when

they have to give their professional opinion. It is time that the laws should be amended to keep pace with medical science, and the absurd right and wrong test of insanity, which is no test at all, as every progressive physician knows, should be relegated to the dark ages where it properly belongs. Two-thirds of the insane know the difference between right and wrong as well as the sane do, but there is the absence of self-control produced by disease of the brain. Shall we strangle sick people to death in obedience to traditional dogma? It is time for the medical profession to come to the front and voice science in this matter. A scientific truth is never a dangerous doctrine, and we are bound to go where science leads us if we are true followers of the noble profession of medicine.

There are, unquestionably, instinctive monomanias, free from all complications. Associated with pathological sexual perversions we find the abnormal mental ideas, born of insanity, tyrannizing over the patient's thoughts and acts, and a psycho-sensory insanity,—an insanity of conduct, feeling, or impulse, or all combined, without such appreciable intellectual derangement that it would be recognized as insanity without the display of morbid feeling, impulse, or conduct.

The great diagnostic mark in these cases is the predominance and overshadowing and overmastering character of the aberration of the moral faculties over the faculties of the understanding. It is seen in action and conduct rather than in words. There are morbid changes in the appetites, propensities, and feelings. These cases are less understood and studied than other victims of mental disease because, as we have said, they are rarely brought into notice until an overt act is committed by such a person. Imperative conceptions and morbid impulsions are very characteristic of this class of cases. The morbid mental condition of these cases of psycho-sensory insanity is a basis fact in psychiatric symptomatology which cannot be reasoned away. Delusion is comparatively exceptional, while perverted feeling and conduct is never absent. The wishes, inclinations, attachments, likings, and dislikings are morbidly changed, and this change appears to be the origin or to lie at the very foundation of any disturbance which the understanding itself may seem to have sustained, and even in many instances to form throughout the sole manifestation of the disease of pyscho-sensory insanity. In one instance I have known of this morbid sexual love for a person of the same sex, starting, probably, with some one girl, of a faulty nervous organization, in a young ladies' seminary,—almost assumed the form of an epidemic (genesic erethism),—and several young ladies were brought up before the faculty, and were told that summary dismissal would follow if this were not at once dropped. The terrible mischief which was thus arrested, and doubtless originated with an insane girl, in this case evidently assumed an hysterical tendency in others not insane, but who might have easily become so if they were neuropathically endowed, as they doubtless were. Sometimes, in cases of masturbation, perverted sexual feelings, such as forming morbid attachments for persons of the same sex are quite marked. Dementia and death is generally the end of these cases, unless the general health is improved and the weakened will-power strengthened. A nervous temperament, stimulating diet, improper associations and training, obscene literature, an arrested cerebral development, partial phymosis with hyperæsthesia of the glans penis, are some of the most frequent causes of this sexual vice. Masturbation is an exciting cause of insanity; the general health of insane masturbators is always impaired; the diagnosis may be difficult at first, but is easy after the first stage; the prognosis is very unfavorable unless the practice is stopped; daily exercise to the point of fatigue is essential to treatment, and tinct. gentian comp. seems to be the most valuable tonic to employ, with a nutritious diet, but no stimulants,—tobacco or coffee,—and work of some kind is a necessity for these patients. It may be noticed that a genesic erethism may reign as an epidemic at times. It did so in antiquity, in the Middle Ages, and in modern times. Julius Cæsar, Augustus, Tiberius, Caligula, Claudius, Nero, Galba, Otto, Vitellius, Titus, Domitian, Eliogabulus, Trajan, Adrian, and Commodus were given over to ferocious and brutal sensuality, which was due to their hereditary organization. Likewise Agrippina Messalina, Poppæa, Domitzia, Scœmis, the two Faustinæ, Crispina, Titiana, the two Juliæ, Noua, Celsia, and Lucillæ, Roman empresses, all corrupt women, with aberrations of the genital sense.

In the Middle Ages there was the belief in

demons transformed into men for the service of women, and demons transformed into women for the service of men. There were neuropathic epidemics of every sort. Maria of Aragon, Joanna of Naples, Sextus IV, Julius III, Francis I, Henry III, Henry IV, and Louis XIV, all showed morbid sexual perversions. In modern times we find the same thing during the regency and reign of Louis XV, commencing with Philip of Orleans. The Princess Elizabeth, daughter of the Regent, Queen of Spain, the Count de Charlais, and the Marquis de Sode all abandoned themselves to abnormal sexual perversions and scandals. Some of these cases probably belonged to atavism and some to pathology. Diseases of the genital organs may produce masturbation, nymphomania, and satyriasis, but in general pathological sexual perversions we think the brain and nervous system primitively and principally affected, and these psychical disorders are sometimes incurable. Heredity is a strong cause, and there is a correlation of morbific force in disease which may give us a transformation in heredity. Whether the median lobe of the cerebellum is at fault in these cases, as has been asserted by Valentin, Wagner, Susanna, and others, I do not pretend to say, and I do not think we know. We find in the insanities in which the sexual functions are concerned intellectual anomalies, insanity of puberty, post-connubial insanity, insanity connected with the menstrual period, with the menopause, erotomania, nymphomania, satyriasis, the psycho-sensory insanity with pathological sexual perversions, and finally, violation or rape.

There are certainly pathological perversions of the sexual sense in which these passions assume a morbid character and give rise to a true partial delirium, limited to the genital sense and sparing the integrity of the other faculties of the mind. Menstrual disturbances are a fruitful cause of psychical abnormalities and also ovarian affections. Many homicides and suicides owe their origin to erotic conditions and erotic delirium, while nymphomania transforms the most modest woman into the most degraded one. I believe that, in all cases of pathological sexual perversion, science could, if it had the opportunity, detect profound alterations in the brain or in other parts of the human body. It is very important to ascertain in all these cases, if possible, if there has been freedom of the will or whether disease has produced a compulsion toward crime which the will was powerless to restrain, and I think it very possible to do this. We certainly find apparently sound reasoning power with the most profound pathological sexual perversions in many cases,—a true psycho-sensory insanity, an insanity of conduct, feeling, or impulse, or all combined. When these insanities have a purely physical origin the prognosis is favorable; when the origin is psychical it is unfavorable, and where the origin is at once psychical and physical the case is almost incurable. If very careful search be made, I think it not uncommon to find slight disorders of the intellect, which would, however, attract no notice at all from those not skilled in psychiatry. It is very important to distinguish psychic atavism, which is the sudden return of the most remote psychic characteristics in men and women of the highest races, from cases of psychological aberration. That there is this regressive phenomenon of thought or feeling, or of both these momenta of nervous life, there is not the least question. It is not always easy to make a clear and precise distinction between a psycho-pathological phenomenon and an analogous one of regressive atavism; frequently it is very difficult, and in some rare cases it is impossible, the phenomena being identical in form, degree, result, and permanence. The pathological phenomenon, much as it may resemble the atavic phenomenon, is essentially different from it. The criminal may be a sick man or a man in the most robust health, and his crime may belong either to pathology or regressive atavism. We may have a criminal monstrosity, a type of atavism and a psychic monstrosity showing repulsive acts of crime and moral degradation, but not a true criminal at all. The force of inertia may keep psychic phenomena from appearing for an indefinite time, but psychic atavism discloses them sooner or later. To lie concealed does not mean to be destroyed. Christian civilization has taught the cerebral moderating centres to hide the genital, the cruel and the filthy atavism, but this appears when these centres cease to act, or the automatism of old and latent force succeeds in overcoming it. An insane man becomes a murderer (like his ancestors, when primary man lived, defending himself against animals and men, and hunting and fighting was his principal occupation)

because atrophy or degeneration of the moderating centres annuls suddenly the whole progressive evolution of civilization; on the other hand, a sane man kills his fellow-man oppressed by an intense hatred, which, by its extraordinary power, silences the action of the moderating nerve-cells. This example enables us to distinguish, in a measure, between atavism and pathology. The first of the two murderers being diseased in mind belongs to pathology, and is not responsible because there is loss of self-control produced by disease and his act is the product of disease. The second is perfectly healthy and belongs to normal psychology, and hence to man's tribunal, offering us a fact of psychic atavism. The close relation between cruelty and lust, which I have mentioned in some of the Roman emperors and empresses, also forms part of the history of psychic atavism. Many sexual perversions have in them atavic influences, often very difficult to separate from the pathological element, but I think that this can generally be done by very careful investigation, and it is very important not to confuse atavism with pathology in medico-legal study and investigation.

Sexual influences, in connection with insanity and crime, are not sufficiently studied. In many of these cases there is a strong and sudden revulsion of feeling in which love and confidence are succeeded by the deadliest hate. There is more or less mental disturbance exhibited, not so much in the form of delusion as in that of paroxysmal fury and uncontrollable criminal impulse. In these cases there seems to be an entire abandonment of every interest and feeling not connected with the single purpose of revenge. The person gives herself up to justice, glories in the bloody deed, and is careless of the future. An overt act, not to be distinguished at first, perhaps, from the ordinary criminal deed, is often prompted more by these physiological movements characteristic of the female constitution than by well-considered motives, or strong, healthy feeling. With women it is but a step from extreme nervous susceptibility to downright hysteria and from that to overt insanity. In the sexual evolution, in pregnancy, in the parturient period, in lactation, strange thoughts, extraordinary feelings, unseasonable appetites, and criminal impulses may haunt a mind at other times innocent and pure. We must never ignore the presence of the sexual element in the phenomena displayed by this class of cases, as nervous erethism, excited even by courtship, has a controlling influence over the female will. The common reluctance to attribute insanity to this class of persons arises principally from the fact that they act from a rational motive,—revenge,—but this is not at all incompatible with insanity, as the insane often act from rational motives, and premeditation and revenge are met with very frequently in the insane. We must also bear in mind that these cases are often persons of a naturally irritable and nervous temperament; a neuropathic constitution needing but a slight exciting cause to induce insanity.

A CASE OF UNIVERSAL PITYRIASIS RUBRA.

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THE patient, Patrick Consodine, white, age 49, a native of Maine, served as a soldier during the late civil war, and emigrated to Dakota in 1876. There he followed placer mining. Early in 1878 he noticed a scaly eruption on the knees. The scales, which were of an ash-color and somewhat resembling wheat-bran, he removed every morning, leaving the skin beneath of a bright red color.

There was no itching or burning, but soon the skin and knee-joints began to feel stiffened. Constitutional symptoms there were none. The portions of the body next affected were the elbows. The disease then crept down from the elbows and knees to the hands and feet, and soon fissures appeared in the palms of the hands. About this time, or a little earlier, a spot made its appearance over the vertebra prominens. From these points of invasion the disease gradually extended until, in the year 1883, it was universal. The face and axilla were the last portions of the body to succumb to the disease.

He came under my care in the spring of 1887, and his condition has remained substantially the same since that time. He is of a deep-red color from head to foot; the lower extremities, owing to their dependence, being at times almost blue. The epidermis is exfoliated in scales to the amount of almost a gallon per day. These scales are not, as a general rule, large, but have the appearance of

fine paper-ashes or wheat-bran, of ash-color. The skin is thickened and indurated, and after the scales are removed has a glazed appearance. There is no perspiration from any part of the body, nor has there been since the disease became universal, in 1883 (except for a short time while taking the mud-baths at Pagosa Springs, Col., in 1889). As the different portions of the body were invaded by the disease, perspiration ceased in those parts and the skin felt dry and harsh.

The integument is tender, and when these scales become partially detached they prick the patient, and cause an almost intolerable irritation over the entire body; it cannot, however, be called an itching. He is very susceptible to heat and cold. His appetite is always excellent; in fact, he eats as much as two ordinary men, and, he says, double the quantity he ate while in good health. The bowels act regularly and freely. The hair has almost entirely disappeared from the face and body, and is very thin on the scalp. The nails are softened, friable, and ill-shaped.

The mucous membrane of the mouth is now invaded, and the tongue thickened and fissured. The eyes are injected and watery, and there is some photophobia. The stagnation of the blood in the lower extremities causes pain and uneasiness, so that he is obliged to lie with his feet elevated. He is a man of large frame, and has always led an active out-door life; so that the confinement necessitated by his disease tells on him in mind and body. He is weak, nervous, and irritable.

It is his daily practice to scrape his whole body with a knife, thus removing all scales. He then bathes, and afterward anoints himself with some unguent, as petroleum. After this is over he feels tolerably comfortable for a few hours, until the scales again become partially detached, when this almost unbearable pricking and irritation sets in again. His family history, so far as known, is good.

He was first treated in Deadwood, Dak.; next at Emigrant Gulch, Mont.; then at White Sulphur Springs, Mont.; in a hospital at Helena, Mont.; at St. Louis, Mo.; at the Cook County Hospital, Chicago; and, finally, came under my care in the spring of 1887. The greatest relief he has had under my treatment has been from the mud-baths at Pagosa Springs, Col. It was while taking these baths that perspiration was re-established for a few weeks, and the indurated condition of the skin was improved. However, I have not been able to afford him even comparative comfort.

CHEMICAL AND MEDICINAL PROPERTIES OF SOME LICHENS.

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ALTHOUGH but little has ever been written on the medicinal uses of the lichen as a subject for modern thought, yet it has often occurred to me, for several years, that the use of our most common species of lichens that are found to occur on the bark and branches of trees, and also upon the ground, contained certain principles or properties that could be readily utilized in medicine as therapeutic agents.

Being a writer and authority for a long time on the subject of lichenology, and having amassed a large collection from all parts of the world, I have been anxious to learn, if possible, the chemical and medicinal properties of this humble class of plants. A lichen occupies that class of cryptogamic plants known as thallophytes, assuming their natural position between the fungi and algæ. The distinctive character of these plants is now well founded that they are solely a class of themselves, discarding the Schwendenerian theory on autonomy of lichens, illustrating that they were compound plants, referring them to a parasitic fungus supporting an algæ. The gonidia being according to those views an algæ, and the hyphæ and receptacle a fungus, the hyphæ as parasites deriving their nourishment from the gonidia.

Fortunately, this theory is not universally accepted by the majority of the lichenologists of the present day. As some of the algæ are known to possess certain medicinal uses, so with the fungi wherein reside active, diffusible, narcotic and sedative substances, capable of making a marked and decided impression on the different abnormal conditions of the system, the uses of which remain, in many cases, yet to be further studied and investigated to a more careful extent.

The lichen is a plant either foliaceous or crustaceous in appearance, being destitute of true roots or absorbent surfaces, and capable

of reproducing themselves only under certain conditions and well-directed rules and circumstances. Aërial in their nature, they are found to inhabit both organic and inorganic structures and surfaces, from which they do not derive any nourishment, being only adherent to their peculiar substratum, growing and developing, and perfecting their spores, deriving entirely their sustenance from the air and rain, rendered soft and pliable by the humidity with which the atmosphere is imbued.

Composed of various structural layers, and containing green cells, called gonidia, and having distinct, yet hidden organs of fructification, they produce spores which, when escaping from their apothecial receptacle, disseminate through the atmosphere in countless numbers, traversing a wide and unlimited area until, deposited in some fertile soil, they germinate and develop into new plants. The most common sorts of any special importance are those which are to be found adhering to the bark of trees by their rhizinæ, or those of terrestrial habit so common in our northern climate, as well as other regions of the country.

The chemistry of lichens has not received the closest study owing to the little interest shown in relation to their own respective value in reference to therapeutic uses. For a long time many of the dyes were obtained from these plants, which was the only source then attainable, in order to secure certain colors requisite to satisfy the dyer's taste and fancy. Their uses now in the arts have been entirely superseded by other chemical compositions, which are more accessible, convenient, and better in quality, fastness, and clearness of color.

Chemically considered, the lichen contains principles of little interest outside of the consideration of the analyst, and should there be any great medicinal or commercial interest nature could readily supply the demand, for they extend over such a wide extent and the resources seem unlimited. The ash of lichens constitutes about 8 or 10 per cent. of their bulk, and consist of various earthy bases, such as lime, soda, potash, magnesia, alumina, and silica, in some instances the oxide of iron.

These bases are found in combination with various acids, such as carbonic, phosphoric, sulphuric, and hydrochloric. It is evident that the inorganic matter is absorbed from the soil or substratum during the process of development, and in some conditions from the bark of certain resin-bearing trees, upon which they grow. We can simply infer that the iron detected in their composition was taken up from the ferruginous soil, and the silica from the quartzose rock, mingled with the ground upon which they were found; neither of these elements could be derived from the air. Some species differ very materially in their chemical composition,—as, for instance, the common Iceland moss (*Cetraria islandica*), I find, contains, by careful analysis, certain resinoid and waxy substances, in combination with glutinous principles, associated with the tartrate and oxalate of lime and the chloride of sodium, the latter evidently derived from contact with the sea-air and spray, as it is demonstrated in all that grow near the ocean. The ferruginous color and brighter stains frequently seen near the base of these plants is most appropriately ascribed to the various salts formed with ammonia, absorbed from the atmosphere, or the iron taken from the soil by the cetraric acid, the peculiar principle that imparts the taste to the plant, found in the cortical layer. When we add ammonia to this acid a yellow color is formed, which yields a salt similar in color, inclining to a brown on exposure to the air, and the cetrarate of ammonia here formed causes a red reaction with the per-salt of iron. Further, starch is found to the extent of 80 per cent., and, in conjunction with this, lichenin and inulin, together with the waxy and glutinous matters. Besides these, I have isolated the bitter principle cetraric acid, a fatty substance, lechesteric acid, also tumaric acid, which exists in other plants of a higher order, gillic acid to some extent, and a peculiar sugar of an uncrystallizable nature, with the bitartrate of potash, and the tartrate and phosphate of lime.

The presence of the large amount of starch has proven this plant, as well as others, to be a serviceable nutrient in cases where deprivation of food has become such a necessity. The therapeutic uses of lichens, I must say, is limited to a very few diseases, or to allay certain symptoms as they arise in the course of well-established affections. As adjuvants to medicinal preparations, some of our common species have been utilized with amazing results. Not gaining in favor in any respect with the different systems of therapy, it naturally becomes doubtful if any other advancement will be made to prove these plants of any direct value as medicinal agents in the arena

of modern and theoretical periods. In mediæval times, in this and other countries, the lichens were used to a considerable extent, chiefly as a nutrient. Some of the species afforded only demulcent properties; others were regarded as febrifuges, astringents, and tonics; while some again were in excellent repute as anthelmintics and purgatives.

Let us proceed, and endeavor to see to what uses we can apply them in reference to the present times. From researches in the therapeutic use, I am able to classify these plants under several heads; in addition to the above, we have established diuretics, alteratives, hæmostatics, and antiperiodics. So far as I have observed, not any of the species possess any sedative or narcotic interest as are seen in the fungi, and but few of them are, to any degree, considered harmful. In the genus Rocella, of which there are four species, abounding in rich coloring principle when chemically combined, and besides giving to the arts a fine and beautiful dye, and to the chemist and urinalist his delicate and satisfactory tests. In medicine *Rocella tinctoria* was formerly, and at present, esteemed and highly valued as a gargle in congestive forms of throat diseases. In tonsillitis and pharyngitis much benefit has been afforded if the remedy be used in the incipient stages. The troublesome cough, caused by the elongation of the uvula, has been speedily relieved by using a tincture made with this plant, either diluting with an equal quantity of water and applying by the spray, or used as a common gargle. This plant has also decided diuretic properties; it is shown that its action upon the kidneys is prompt, causing the elimination of an increased quantity of clear and limpid urine, causing no pain or unpleasant effects. As an expectorant this plant has acted very well, simply, I presume, from the demulcent and emollient properties. In the cough of phthisis and chronic bronchitis, as well as in other chest affections, palliating effects are soon produced.

In the debility attending phthisis and accompanied by excessive sweating, and likewise in other wasting diseases, rocella is of the greatest value from its chemical composition, freely inducing reconstructive metamorphosis. In the genera Usnea and Alectoria, of which there are species with marked distinction, each seems to have the same physiological and medicinal action. The chief uses for these plants have been closely studied, for they seem to have enjoyed great celebrity in medicine, yet not possessing any special merit in the cure of any one disease; but they certainly demand some passing notice. As an astringent they are especially serviceable; to lessen excessive secretion from a morbid condition of mucous surfaces, in its use we have abiding faith. In the different forms of special hæmorrhages usnea and alectoria were administered with the wisest judgment. In hæmorrhoids, when given internally in the form of a powder or concentrated tincture, and at the same time an ointment containing the powdered plant was a very popular remedy in that painful disease. To modify a copious and purulent expectoration, accompanied by relaxation of the bronchial mucous membrane, the drug should grow much in general favor.

In small doses of the tincture good tonic effects were well established, owing chiefly to its peculiar constituent principle,—cetraric acid. Upon the kidneys diuretic results are also ascribed, increasing the watery element, but with no perceptible action on the solid constituents. As an antispasmodic much esteem grew in its favor in reference to its action upon the bronchial muscles, quieting spasm, and lessening respiratory movements. In pertussis it was a welcome remedy, having been dispensed for this disease under the name "muscus arborei seu querni." In which disease it has been lauded as possessing anodyne properties, but I have much reason to doubt such action in approval of its power, as has been propounded.

The tincture added to malt liquors, or the plant boiled in the same, was a popular remedy in ascites dependent on hepatic lesions. Locally, the tincture or powder incorporated with an oily base, was used in eczema capitis and other eruptive and scaly diseases. *Cetraria islandica* is the only species of lichen that is still recognized by the modern therapeutists, and has always been a popular remedy in the profession and in the laity, from the demulcent elements which it contains. As an article of food this plant has been consumed in considerable quantities, but from the exceedingly bitter, acrid, and nauseating principle which it possesses, no one could exist on it very long, owing to its very purgative qualities, which are more active in the fresh plant, which becomes much deteriorated in drying.

Resource is frequently taken in the use of this plant, and is still employed in Lapland by the natives, who generally take this remedy in the spring as a purgative in the absence of more accessible drugs. In Iceland, where a form of elephantiasis is common, the disease is prevented by the consumption of this lichen with other articles of food. Its antihæmorrhagic properties have been well authenticated. It has been recommended in hæmoptysis, when occurring in persons suffering with phthisis. The powder blown into the nostrils will arrest an attack of epistaxis. In persons suffering with spongy gums a tincture used as a wash will add much to the shrinking of the mucous surfaces.

A very pleasant and soothing expectorant and refrigerant is made by washing the plant with boiling water, to free it from its bitterness and acrid properties, and then boiling in a fresh supply of water until it is reduced to a jelly, filtering, and adding sugar and some flavor to suit the taste; it may then be given freely without any unpleasant effects. This may be taken conjoined with other remedies as a grateful exhilarating expectorant and mild tonic.

Another lichen, known as the *Evernia prunastri*, has decidedly astringent properties; it may also be used as a refrigerant in mild fevers, in the form of a decoction, drunk freely. Advised in chest affections, much good has been gained from its use. This plant contains an abundance of gum, and is closely allied to gum acacia and has the same qualities. Of *Ramalina fraxinea* and other species, a concentrated tincture, prepared and incorporated with an oil or ointment, has been highly recommended in chilblains and chapped hands and upon excoriated surfaces. As an alterative, this remedy has been used in scrofula and other conditions attended by malnutrition, if given in the form of a decoction.

Umbilicaria, a genus containing quite a number of species, is of little value, medicinally considered; they are very demulcent, but, owing chiefly to their excessively bitter and purgative qualities, the use of them is not well entertained. The attempt to utilize these plants as a food has proven unsuccessful.

In the Parmelias there are several that have been used with considerable advantage. The *Parmelia rotundatus* is employed in India as a restorative and a febrifuge in febrile diseases of miasmatic or paludal origin; externally in scaly eruptive affections, and an astringent in diarrhœa and dysentery. An allied genus, known as Theloscistes, and the species *T. parietinus:* we have been assured by Dr. Sanders that the powder of this species is more efficacious than quinine in the intermittent fevers of autumn and in the rebellious quartans so frequent in lowlands. The taste is like that of Peruvian bark, and is very analogous to it, but does not contain any alkaloid, only an essential oil.

Sticta pulmonaria is used as a substitute for cetraria, but does not compare so readily with that species. In Siberia this plant is commonly prescribed for diseases of the liver, and in jaundice dependent on catarrhal complications; also in cirrhosis of that structure. Its expectorant qualities are also well known, and it is used in bronchitis and other diseases of the lungs. The other uses are the same as ascribed to cetraria. *Peltigera aphthosa*, as denoted by its name, is used in the treatment of certain diseases of the mouth and fauces. In the aphthous sore mouth of children and in quinsy a great change is soon manifested by the timely use of this remedy locally applied. A strong decoction of the plant, freely applied to the diseased surfaces, causes a speedy removal of the fungus. As an anthelmintic, much good has resulted by administering from 10 to 12 grains, morning and evening, for a period of four to six days. As to its emetic qualities, much reliance can be placed on this remedy when no others are at hand.

Peltigera canina is a nauseating species, and is prompt to act after administration. Formerly this plant had a high reputation for the cure of the bite of a rabid dog, and was sold in the shops as "pulvis antylyssus" or "pulvis contra rabiem." Such were the sovereign remedies of former times, eagerly sought after when a chance case was called for their use. *Pertusaria fagina* was used on an extensive scale in France for the manufacture of oxalic acid. Therapeutically, it only has some astringency. Lastly, of the species that we now consider, is the so-called reindeer moss (*Cladonia rangiferina*). This species abounds over a great extent of the world, and is considered to be one of the most highly nourishing lichens, provided it can be entirely deprived of its very bitter principle. It is a demulcent and tonic, diuretic, antihæmorrhagic, and alter-

ative. Hence, the use of this plant must depend on the nature of the disease.

Cladonia pyxidata is used in paroxysmal diseases, in convulsions, and whooping-cough, and in excessive nervous states dependent on any excitement. In the hysteria of anæmic females it has deserved some attention. In the chronic form of bronchitis it frequently allays the irritation; as an astringent in bowel disorders, quieting peristaltic action; as a febrifuge it possesses certain merits, and can be used with much success. The drug can be given in the powdered form or, better still, in a decoction. It will be seen that any use that may be ascribed to the lichens as medicinal agents has been studied as closely as it has been my fortune to obtain such cases wherein I could display their merits. And in conclusion, I must admit that the field is still open for further investigation to those who may feel disposed to give this matter any consideration. It may possibly be the case that some unknown uses lie hidden in this department of plants little known to the general profession.

SIXTY-FIFTH AND VINE STREETS.

THE CURE OF THE ALCOHOL DISEASE FROM A PHYSIOLOGICAL POINT OF VIEW.

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THE day of medical theories which do not have the basis of established facts to justify them belongs to the past. It has taken ages of observation and investigation, by the greatest intellects of the profession, to elevate the science of medicine to the high position it now occupies. We live in an age of light and knowledge, an age in which old isms, theories, and fallacies are fast disappearing before the sweeping progress of this century.

The past decade has given us the beginning of a new epoch in the science of life. Medical science is now called upon to defend our bodies from the parasites which prey upon us from without, and physiological and chemical research have taught us the therapeutic application of drugs in the cure of dipsomania and kindred diseases.

The power of self-regeneration is one of the great distinctive properties belonging to all organized living bodies, but the moment we commence to live we begin to die. Molecular change may be increased or retarded by various foods and drugs taken into the system at stated periods. We apply the term "hunger" to that peculiar want felt by the human system for food, a sensation (when not too prolonged) by no means disagreeable, and one which is often excited by the sight or smell of a savory dish.

It is true the taking of food is influenced in some degree by exercise and habit, as well as by the sense of hunger, and if our systems are not supplied at regular intervals by this nourishment the sensation becomes so great that we suffer great pain and distress.

All the elements necessary to nutrition (except oxygen and light) can be taken into the system by the mouth; and if it were not that there comes a time in the history of every organized body when the tissues fail to appropriate sufficient new material to repair the waste we would continue to live forever. Death is, consequently, a physiological necessity. Therefore, there is no such thing as true euthanasia. But it is the duty of the physician to secure for man such good health as shall bear him in activity and happiness onward in his course to the goal. Good health and happiness can be secured by living in obedience to the laws of health. When the medical profession succeeds in teaching the world how to live in a proximate, physiological, and normal condition, then physicians will have reached the consummation of their calling.

Fifty years ago there was not a medical college in Europe or America that had a special chair of neurology, whereas, to day there is not a school that has not at least one such chair, and some schools have two or even three professors who are giving their whole time and attention to discoveries and advancements in this important branch of medical science. It is, therefore, gratifying to the American student of scientific medicine to note the amazing progress that has been made in the discovery and cure of nervous diseases, especially by American neurologists.

It was our own beloved Rush who, a century ago, stood as the great pioneer (in advance of all the world) to describe and clearly demonstrate the future of this branch of medical science. It was through men like Rush, Pinel, Brown-Séquard, and others who taught us that insanity is a disease, and not the devil, in man, as was generally supposed prior to their time. So that to-day, while medicine is advancing all

along the line, in no other department has there been such an advancement as in the discovery and treatment of nervous diseases. Advancement has been so rapid in this special department of medicine that some writers claim that all diseased manifestations are but the result of nervous shock.

Vesalius took his own life in his hands when he was brave enough to sharpen his scalpel for his first dissection of the human body. Galen taught us that the arteries contained blood and not air, and Harvey showed us how that blood circulated. Jenner, Pasteur, and Koch have been bold enough to transfuse the very elements of chemistry into our blood, in order to kill the myriads of germs that infest our organisms and produce disease and death. By the aid of physiology and chemistry, we have used the elements around us to cure disease and prolong life. The great labors of the past are but now beginning to bear their fruits. Alcoholic neuritis is no longer considered a habit, but a disease; as much so, indeed, as insanity.

The old fogy element of the profession may cry out against this new departure in the treatment of a disease, but it cannot stem the tide of scientific progress when the world can see the results and witness the benefits to mankind. The great light will open their eyes (the old fogies) as the noonday sun opened the eyes of the scoffers of Jenner. If one poor soul can be saved, who dare cry against the cure of a disease that cuts down youth in his vigor, manhood in his glory and strength, and age in his weakness,—a disease that has produced more misery, suffering, and death than all other diseases combined?

It is an insult to medical science to say that all the brave and good men who have killed themselves with alcohol and opium did so just from habit. Tell me that all the men of genius whose lives have been wrecked and ruined by these drugs were led to their use by mere accident? Impossible!

These men fought like heroes against their diseases, and for these diseases they are not responsible. The day has come in the fullness of time when we can say that this disease which has destroyed so many shall destroy no more. Thousands of human beings are being rescued from the destroying influence of these diseases, and thousands and tens of thousands are yet to be saved from an untimely death.

Every new advancement in science is met with a storm of opposition. Dipsomnia must be recognized as a disease and not as a habit. Until recently the medical profession has neglected to examine this subject carefully from a physical point of view. We must examine this subject the same as we examine any other ailment if we wish to reach a satisfactory conclusion.

It is not the intention of this article to begin a controversy with those who honestly believe that inebriety is the result of habit alone. Inebriety is no more due to habit, vice, and sin than is insanity. If inebriety is a disease, then its cure rests with the physician; if it is wholly a sin, and man is entirely responsible for his appetite, then his treatment and salvation must come from those who claim that it is a habit.

A Christian will be a better, a brighter, and a happier Christian if we can remove this appetite for stimulants and give him a healthy stomach. An ounce of cure is worth a pound of prevention, if applied at the proper time. Thousands have been crying for help from this dreadful disease, while theorists have been talking, and preaching, and splitting hairs as to whether it is a moral or a physical evil.

The word habit, as is the word malaria, is a convenient word with which to explain something we know nothing about. Conversion, change of heart, and the grace of God are the great moral helps, but they cannot cure a diseased system nor a depraved stomach. The moral side of intemperance has been proclaimed for ages, and yet statistics show that inebriety is on the increase.

On this subject the medical profession has remained silent entirely too long, and it has allowed the moralists to advance their own views in the matter, without any scientific examination of its cause, its nature, its character, or its curability. We must admit that the moral agitation of the subject has done much good, but still there is something wanting. The removal of alcohol does not remove the craving for its use, but rather increases the appetite for it.

If we cannot cure the inebriate by the application of drugs scientifically applied, we shall never be able to cure him by forced abstinence. Public opinion may deny this, and opposition may come from every superstitious person in the land, but that will not frighten the conscientious and progressive physician who has

science, experience, and results to support him. He must go patiently on, and look beyond the present opposition of the incredulous and skeptical public, until he has worked out the physiological and pathological condition of the inebriate and restored him to health.

Man is a complex animal, full of variations, and easily influenced by any change in his nerve centres. His call for stimulants arises from a loss of nutrition to some part of the central system, just as the call for food arises from the same cause. Therefore, it is impossible to cure this morbid craving, which has its seat in the brain, without first removing the cause by appropriate medication.

The inebriate may be anxious to quit the use of the stimulant, but the moment he makes the attempt his diseased stomach and brain give notice that they must have something to nourish them.

It is not within the scope of this short article to analyze and examine the many predisposing causes of this disease,—such as heredity and non-heredity, occupation, etc.,—or we might present many facts and data that would help to determine this question, outside of any social feelings or opinions we may entertain.

There is no subject in medicine that should receive more interest or more attention from the profession than this subject of inebriety, and yet, in the past, we have allowed the laity to do all the thinking, writing, and legislating on the subject. It is time we call a halt. The physician is certainly better qualified to investigate the subject, and to pass his judgment on it than those who have never examined it from a scientific point of view.

While I have myself devoted years to the special study and treatment of this disease, examined the different systems of treatment (the old and the new), seen successes and failures (under restraint and non restraint), treated with drugs and without drugs, yet I feel that we have but commenced the study of a disease whose future is full of important information, and of which there is yet much to be learned. We should never allow ourselves to be carried away by the enthusiasm which naturally follows success nor to be discouraged by failures.

I care not whether the treatment originated with Dr. Keeley or Dr. Somebodyelse. If his treatment produces good results we ought to use it; if not, we ought to search for something better. It is not creditable to the profession to detract from a reputation made by the medicines or systems used by any man if their composition is made known.

The same general principles apply in the treatment of this disease that apply in all chronic nervous diseases. Physical laws and forces are the same in all individuals. The system broken down by long years of dissipation cannot be relieved by any one drug or combination of drugs alone, but by building up the whole body by special diet, baths, exercise, electricity, and good hygienic surroundings.

In my hands a combination of drugs has proved most beneficial. Each and every case must have special treatment, according to the symptoms manifested.

No doubt chloride of gold possesses wonderful alterative properties, and, when properly and systematically given, in combination with strychnine, atropine, coca, quinine, sulphonal, and codeine, has a tendency to change the habits of the system, remove the diseased condition of the nerve-centres, and allow nature to return to a normal condition.

These powerful drugs, when given for a long time, so profoundly influence and build up the nervous system that the inebriate feels strong and well, and gradually acquires as much repugnance for stimulants as he before had an appetite for them. The treatment breaks or removes the cause of the disease, and the inebriate starts in a new career of life. Of course, he may relapse; so he may from any other nervous disease. Anything that tends to exhaust the brain or lower the vital forces predisposes to a return of the disease.

The individual should live a life free from excitement, annoyance, and worry; eat wholesome and substantial food, and be constantly under the observation of a physician. Physicians who are familiar with the modern treatment of inebriety do not condemn that treatment; but they rightly refuse to indorse nostrums of which they know nothing. The general practitioner has not the time to devote to the treatment of these cases. He might as well attempt to treat all his cases of insanity.

Specialists have explored the grounds, investigated the disease, and formulated the treatment, and are, therefore, more competent to handle such cases successfully. Nor is it advisable for the patient to treat himself. Most

drugs that are of any value in this disease would prove dangerous in his hands. Besides, the most of the treatment must be given hypodermatically, and should not be entrusted to an unskilled person.

My reason for dwelling upon the neurological and physiological aspect of this disease is, to call the attention of those outside of the medical profession to the great advancements that have been made in this special department of the healing art. The world is too apt to look with disfavor upon any new discovery that is invisible and incomprehensible to the common mind.

People grow wild over the graphophone, the telephone, or the electric car, but fail to realize the subtle and invisible agents that science is using to cure man. In conclusion, we may then state with perfect confidence that inebriety is a disease and not a habit, and, being a disease, is, therefore, curable; and, in order to intelligently treat it, we must study the nature and character of the disease as it manifests itself in different individuals. We must approach the subject from the physical and not from the moral side of the case. We must discard any preconceived notions and theories not based upon facts. The success of the new treatment has opened up a promising future to all who may investigate the subject.

Now that the smoke of battle following the conflict of the able article of the "Review" (on both sides of this question) is clearing away, we trust that the discovery of this new disease and its successful treatment may be judged fairly and honestly by the people.

The science of medicine has commenced a new war against an old, but recently discovered, disease. Have effectual and successful remedies been found for this disease? To this we answer yes, when the details of the methods and remedies now used are perfected by further experience, and their capabilities and limitations more fully tested by the medical profession.

The public should not expect them to prove infallible. The best that can be expected of any remedy is, that it will cure the majority of all the patients to whom it is properly administered, and this is just what this modern treatment has done in dipsomania. The deliverance of humanity from this terrible disease will mark a new epoch in the science of medicine.

Facts are the basis of an infinite wisdom that never errs. The discovery of every new truth in medical science marks its advancement over past ages. New discoveries spring up with such rapidity that, in the busy routine of professional life, we have scarcely time to sift, weigh, and analyze their value for good or evil. By the selfishness of our natures we are more prone to condemn and to criticise than to praise.

President Garfield once remarked that he was always struck with awe when standing near the ocean and seeing the waves lashed into fury and tossed into spray. Its grandeur would move the soul of the dullest man. But it was not from these billows, but the calm level of the sea, from which all heights and depths, lengths, and widths are measured. And so in the conflicts of science, like the waves of the ocean, one follows the other, and, after a moment's existence, each one in turn is overwhelmed by the one that follows, and both are merged into the past. But human thought differs from the waves of the ocean in this, that we advance and grow in wisdom and knowledge, and that an occasional wave is thrown so far out that it will never recede, so that the eyes of the whole world can behold the progress that has been made to save and prolong human life.

The medical profession is progressing not only in the United States, but in England, Germany, France, Italy, Spain, Belgium, and the islands of the sea. This century has had its Virchow, Pasteur, Lister, Esmarch, Tait, Billroth, Paget, Koch, Simms, Morton, McDowell, Gross, Pancoast, and Agnew.

GERMAN HOSPITAL WORK. — The following was the work of the German Hospital and Dispensary for the period between December 24, 1891, and January 21, 1892: Patients in hospital December 24, 129; admitted since, 194; discharged cured and improved, 149; died, 13; remaining, 161,—of which number 114 are males and 47 are females. There were 97 paying patients, 34 free patients, and 4 subscribers to the sick fund. There were 26 accident cases. In the dispensary during the same period there were 1661 cases treated, of which 427 were new patients and 106 were accident cases. The medical clinic was visited by 230 patients; the gynæcological by 66; the surgical by 791; the eye by 331; the ear by 83, and the throat by 160. The prescriptions issued numbered 607. The nursing days in the hospital aggregated 4302.

ABSTRACTS.

SOME OBSERVATIONS ON THE USE OF PIPERAZINE.*

For several months back we have been making trials with piperazine in our clinic and polyclinic. This base, which is readily soluble in water and strongly alkaline in solution, is a piperidin in which the CH_2 group has been replaced by the NH. It is now manufactured on a large scale (by the Chemische Fabrika. A., vorm. Schering, of Berlin), and has been therapeutically employed by various clinicians, notably by Ebstein and Sprague, Vogt, Bardet, and others.

By these observers the remedy was preferably tried in cases of gout, and also on patients in whom it was necessary to dissolve uric-acid concretions in the kidneys. The application was suggested by the fact that piperazine experimentally dissolved large quantities of uric acid in test-tubes at 20° C. (68° F.); that the urate combination of piperazine, furthermore, was at least seven times more readily soluble than the hitherto therapeutically pre-eminent carbonate of lithium; and finally, that the base, even in the presence of excess of uric acid, produced no acid, but an easily soluble neutral salt.

Tables given by Ebstein and Sprague, based upon the treatment of a patient suffering from lithiasis, give the impression that the volume of urine was increased thereby. The acid reaction of the urine was considerably reduced, and in 1 case became alkaline.

In collaboration with Dr. Kuh, I undertook a series of experiments, both of us taking at the same time, without change of regular diet, 2.5 grammes piperazine one day, 1 gramme the second, and 2 grammes the third day, dissolved in a glass of Seltzer water. Within two hours after taking the piperazine it could be found in the urine.

The urine was tested in separate portions.

After administration of the largest dose (2.5 grammes) an inconsiderable increase of urine-volume was noted in both persons,—in one to 2260 and the other to 1970 cubic centimetres in twenty-four hours. The reaction always remained acid, and the specific gravity was not heightened. One-gramme doses lowered the volume to a normal amount (1630 and 1500 cubic centimetres) always acid.

The results of the urine examination of the third day—after taking 2 grammes—demonstrated that the quantity of urine was not increased, and that the specific gravity continued within normal limits. The reaction of the urine, estimated alkalimetrically, was always acid, and approximately amounted to the normal,—2.29 with one, and with the other 1.75 g. HCl.

Corresponding with this showing, the use of piperazine induced no disturbance in our general condition; but it must be noted that, after taking the largest dose (2.5 grammes), both persons experienced very severe headache on the following morning, and in one vomiting occurred. The smaller doses of 1 gramme were taken regularly for several days consecutively without causing any derangement.

As regards the uric acid, a very small increase (0.78 and 0.49 gramme in twenty-four hours) was shown in all cases.

A trial was made to see if urine containing piperazine would dissolve uric acid; the result, even at high temperature and with extended action, was decidedly negative.

The therapeutic trials which we then undertook yielded distinct success in 2 cases of lumbago; both were treated by subcutaneous injections of a 2-per-cent. solution. Patients received 0.5-gramme doses four times daily, a total of 2.0 grammes in twenty-four hours. Improvement in condition was noted on the third and fifth days, and on the ninth and tenth days both patients were free from pain. The injections, we must state, were in themselves quite painful, but they did not cause abscesses, nor were they followed by unpleasant after-effects. For subsequent use of the remedy we will prefer to use voluminously diluted solutions.

Piperazine deserves particular attention in uric-acid concretions in the kidneys. We had opportunity to study 2 such cases in detail, and they proved remarkable because of the exceedingly favorable results:—

I: E. J., 37 years old, cigar-maker. Said to have had albuminuria five years before, which gradually disappeared. In February he had albuminuria, and in May pains in kidneys, bladder, and urethra. Four weeks before entering

* By Dr. Heubach, Assistant in the Clinic of Professor Zuelzer, in the Johanneum, Berlin. Translated from Internat. Centralblatt für die Physiologie u. Pathologie der Harn. u. Sexualorgane.

clinic he had suffered from a severe attack of nephritic colic; pain remained and continued in the region of the left kidney and in the urethra; there was constipation, with difficulty in urinating; constant urgent desire to urinate, etc.

The urine contained a large amount of water and some albumen. After eight days' treatment with other remedies, patient was put on ½-per-cent. piperazine solution, a tablespoonful every two hours.

On the third day after beginning this medication severe pains occurred in the region of the left kidney, and were aggravated during evacuation. Shortly after, accompanied with great pain, a uric-acid concrement was discharged with urine containing blood. The stone resembled in size and form a medium sized incisor-tooth, and weighed 0.395 gramme. The surface was plainly eroded. Since that time the patient has been free from all malady.

II: A patient 50 years old; is wife of a colleague, and under treatment by Professor Zuelzer. For years there has been constant discharge of gravel, usually consisting of uric acid. Colic has been frequent. The urine generally contained blood. Since early in September she has taken ½-per-cent. piperazine solution, a tablespoonful every two hours. Ten days after commencing this medication, numerous round, uric-acid calculi were passed during several days, since which time renal colic and hæmaturia have been absent.

These 2 cases, in connection with the cases reported by Bardet, speak distinctly in favor of a specific effect of piperazine, and show the advantage and desirability of further therapeutic observation in this direction.

THE USE OF OILS AND ANTISEPTICS.

At a meeting of the Therapeutical Society, December 23, 1891, M. Dujardin-Beaumetz spoke as follows:—

At the request of M. Nadaud, I have tried injections of aristol dissolved in sterilized olive-oil, in the daily dose of 1 to 2 centigrammes. In several patients I observed an improvement, as after the exhibition of other antiseptic substances. The tendency is to reject liquid vaselin as an excipient for drugs in these injections. Vaselin is insoluble and unabsorbable by the economy, while the vegetable and animal oils are absorbable. I have endeavored to study the mode of absorption of oils into the organism, and have caused a series of experiments to be made by my pupil, M. Thouvenin, but we have met with so many difficulties that we are obliged to abandon the investigation. If too much oil is injected the animal dies, and oil is found in the blood. If the dose is not too large the animal grows fat. According to the method of M. Burlureau 200 grammes of oil are injected *per diem*. M. Burlureau directs that the oleic acid be removed from the oil by agitation with strong alcohol. I have also tried groundnut-oil; this oil is colored red by hydrochloric acid. I had wished by this means to ascertain at what time the vegetable oil was converted in the economy into animal oil; but I found this point impossible to demonstrate. I endeavored to make use of codliver-oil; however sterilized it provoked an irritation of the skin. To return to the antiseptic fluids injected beneath the skin: one of my students, M. Main, has made a study of the different constituents of creasote. He came to the conclusion that the use of creasote itself was to be preferred to that of its constituents. Its action is superior to that of guaiacol. This opinion agrees with the experience of Gimbert. In the hospital the results are sometimes favorable. Then the patient returns to his work, often amidst miserable surroundings, becomes exhausted, and suffers a fresh outbreak of tuberculosis. In the city, on the contrary, the results have been excellent. In a patient under my observation, who was at once tuberculous and leprous, amelioration, if not cure, was rapid. The anæsthetic patches of lepra were utilized in giving the injections. These patches have almost entirely disappeared. The contra-indications to the injection of creasote are fever and spitting of blood. It is disadvantageous to exceed 1 gramme of creasote daily, as it excites pulmonary congestion, spitting of blood, and also anorexia. I prefer the method which consists in administering 1 gramme every second day instead of that which gives small daily doses. If subcutaneous injections cannot be employed, suppositories containing creasote may be serviceably substituted. One drawback to the injection of creasote is, that it requires a special apparatus and the presence of the physician. The best apparatus is that of Burlureau, its only inconvenience being that it is slow of action.

M. C. Paul remarked that there are four diffdifferent routes by which creasote may be absorbed. Exhibition by the stomach has been abandoned. The subcutaneous administration is tedious and troublesome. The patients

of M. Burlureau were military convicts who preferred hospital to prison, and to them it mattered little that the treatment was of long duration. The rectal method appears very easy, and creasote in emulsion is readily absorbed given in this manner. Finally, it is readily absorbed by the respiratory passages.—*Le Progrès Médical*, January 2, 1892.

CASE OF ANOSMIA AFTER REMOVAL OF BOTH OVARIES.

Dr. Sigmund Gottschalk, of Berlin, has reported the case of a virgin, 36 years of age, from whom he removed both ovaries, together with a portion of the tubes, on account of an intra-ligamentous myoma, the size of a fist, the source of profuse and obstinate hæmorrhage. Menstruation continued for a year and a half, when it became very irregular, and evidences of the climacteric made their appearance; at the same time she complained that she had gradually lost the sense of smell and taste. A careful examination demonstrated the absence of any disturbance in the region of the nerves of taste, but the sense of smell was completely lost. An examination of the patient by several specialists fully proved that no lesion of the nose or its mucous membrane existed. A central origin of the trouble, such as abscess or tumor of the cranium, could likewise be excluded, so that the writer was led to refer the manifestation to a reflex neurosis excited by the artificially produced climacteric. For this reason the prognosis was considered as rather favorable since, as is well known, experience teaches that the various neuroses dependent upon this period usually vanish in the course of time. As a matter of fact, the patient has decidedly improved during the last six months.

This case is another illustration of the fact that menstruation does not immediately disappear after ablation of both ovaries.—*Deutsche Med. Zeitung*, December 17, 1891.

ELEPHANTIASIS.

Von Ingerslev obtained good results in 2 cases of elephantiasis by a long course of treatment consisting of elevation of the extremities, daily massage, and a warm bath every third day. In the second case, however, the condition relapsed at the end of some months after the patient had left the hospital.—*Deutsche Med. Zeitung*, December 17, 1891.

AFFECTIONS OF THE MIDDLE EAR IN LUPUS OF THE NOSE.

At the Sixty-third Re-union of German Naturalists and Physicians, M. Brieger, of Breslau, remarked that medical literature contained little on this subject; but in 21 cases which he had observed, in only 3 was the integrity of the ear preserved. In most cases he was able to detect alterations,—sometimes trivial, at others of lupous character. In 1 case only the discovery of Koch's bacillus in a discharge from the tympanum attested the tuberculous nature of the disease.—*Revue de Laryngologie*, etc., January 15, 1892.

DIPHTHEROIDAL ANGINA IN SECONDARY SYPHILIS.

This appearance of mucous patches has always been considered as exceptional Its importance is greater than has been thought, since it provokes a local and general reaction rarely observed in other forms, and often assumes the characteristics of a diphtheria. It may thus give rise to gross error of diagnosis. M. M. Robin and Deguéret have reported 3 cases in which the tonsils were covered with a whitish, coherent and adherent membrane, similar in all respects to that characteristic of diphtheria. In the first case the symptoms were severe; and the ganglia were swollen, the temperature was elevated, and the correct diagnosis would have been difficult had it not been known that the patient was a victim of recent syphilis. In the second case, papules present upon the face arrested attention. In all the descriptions of diphtheroidal syphilitic angina we invariably read that the posterior wall of the pharynx was spared, and this fact is properly regarded as one of the best differential signs between the false membrane of syphilis and that of diphtheria. Nevertheless, in the second case the posterior wall of the pharynx was invaded by the false membrane. This sign, consequently, though valuable, is not absolute. The 3 patients were women, and the manifestation seemed independent of the influence of cold. In none was the local condition sufficient to differentiate syphilis from diphtheria. The histories, general condition, and evolution of the disease will generally enable one to establish the diagnosis. The treatment should be both local and constitutional,—the latter by means of antisyphilitic remedies and the former by antiseptics.—*Revue de Laryngologie*, etc., January 15, 1892.

THERAPEUTIC NOTES.

DYSPEPSIA.

℞ Subnitrate of bismuth,
Sulphate of magnesia,
Prepared chalk,
Phosphate of lime, . āā 150 grains.

Sig.: Divide into 40 powders. One before each meal.—*Dujardin-Beaumetz.*

INTESTINAL ANTISEPSIS.

℞ Salol,
Salicylate of bismuth,
Bicarbonate of sodium, āā 150 grains.

Sig.: To be divided into 30 powders in capsules. One capsule to be taken before breakfast and before dinner.—*Dujardin Beaumetz.*

INFANTILE DIARRHŒA.

For thin, greenish, slimy stools, Dr. Meigs orders:—

℞ Acidi sulphurici dil., . . gtt. xij.
Morphinæ sulph., . . gr. ¼.
Spir. vini gallici, . . ℥ss.
Syr. zingib, . . . ℥ss.
Aquæ, . . q. s. ad ℥iij.

M. Sig.: One drachm every three hours.

VENEREAL WARTS.

Dr. Urviola paints the parts two or three times a day with the following:—

℞ Salicylic acid, . . . 4 grains.
Acetic acid, . . . f℥j.—M.

As a refreshing drink in fevers, the following has been recommended:—

℞ Tamarinds, . . . 4 ounces.
Raisins, ... 4 "
Water, ... 6 pints.

Sig.: Boil down to 24 fluidounces, and strain, while hot, in a vessel, with a little lemon-peel to flavor. Use as a cold drink.—*Cincinnati Med. News.*

PRURITUS.

Corlett prescribes:—

℞ Resorcin (medicinal), 1 part.
Glycerin, . . . 2 parts.
Water, . . . 30 parts.—M.

TRAUMATIC TETANUS.

Dr. Mayer, of Amberg, reports a cure from the use of a mixture containing in each dose:—

℞ Muriate of morphine, . $\frac{1}{65}$ grain.
Chloral hydrate, . . 1½ grains.
Bromide of sodium, . . 2¼ "

Sig.: To be taken three to six times a day. Fifteen grains of morphine were taken in all.

CHLORO-ANÆMIA.

℞ Pyrophosphate of iron (U. S.), 1 part.
Distilled water (boiled), . 5 parts.

Or,

℞ Citrate of iron, . . . 3 parts.
Distilled water (boiled), . 10 parts.

Inject the contents of a Pravaz syringe of either of these solutions under the skin of the gluteal region.—*N. Y. Med. Abstr.*

DISINFECTANT MOUTH-WASH.

The following combination has been found both a pleasant and efficient disinfectant:—

℞ Thymol, ... gr. iij.
Benzoic acid, . . . gr. xl.
Tincture of eucalyptus, . ℥iij.
Essence of peppermint, . ♏x.
Alcohol, ... ℥iij.

M. Sig.: Pour enough in a glass of water to render it turbid, and use as a mouth-wash. —*Thomas.*

DIPHTHERIA.

℞ Papoid, ... ℥ij.
Beta-naphthol, . . . gr. iij.
Acid hydrochl. dil, . . gtt. xv.
Aq. destil., . . ad ℥iv.

M. ft. sol. Sig.: Use carefully and thoroughly, by means of hand-atomizer, every half-hour on throat and through nostrils; on posterior nares and pharynx, if deposit extends to these localities. Papoid solutions should be made fresh daily.—*Ex.*

INJECTIONS OF AMMONIO-CITRATE OF IRON IN CHLOROSIS.

Dr. Alvazzi, of Turin, has successfully used the following formula:—

℞ Ammonio-citrate of iron, 1.20 grms.
Distilled water,
Laurel-water, . āā 5.00 grms.—M.

The Pravaz syringe was used, the dose in the beginning being 2 centigrammes of the salt, once daily, gradually increased to 12 centigrammes.

DERMATOL.

In the clinic of Dr. von Rogner, at the Wieden Hospital, Vienna, dermatol has been found efficacious in the treatment of wounds, burns, and abscesses. It was used:—

1. Pure, as dusting-powder.
2. As ointment:—

℞ Dermatoli, ... ℥v.
Vaselin. flav., . . . ℥xx.

M. Sig.: Ungt.

3. In collodion emulsion:—

℞ Dermatoli, ... ℥iij.
Collod., ... ℥iij.

M. Sig.: Use locally.

4. As 10–20 per-cent. gauze.—*Intern. Klin. Rundschau.*

CAMPHOR IN INFLUENZA.

The following is said, by Dr. Devereux Long, to have given more satisfactory results in the treatment of influenza than any of the more commonly employed remedies:—

℞ Spirits of camphor,
Comp. tinct. of lavender, āā ℥ij.
Spirits of chloroform, . ℥j.
Mucilage of tragacanth, . ℥j.
Distilled water, . . . ℥iij.
M. Sig.: Tablespoonful every four hours.
—*Br. Med. Journal.*

NEW METHOD OF ADMINISTERING IODIDE OF POTASSIUM.

Dr. D. Bryson Delavan highly recommends the following formula:—

℞ Potass. iodid. (sat. sol.), . gr. 160.
Essence of pepsin, . . ℥j.
Sherry wine, . q. s. ad ℥iv.
M. Sig.: One drachm in 4 tablespoonfuls of milk, according to directions.

BILIARY CALCULI.

℞ Sodii benzoat.,
Sodii salicyl.,
Pulv. rad. rhei, . . āā grms. v.
Pulv. nuc. vomic., . . grms. v.
M. Sig.: Twenty capsules. One capsule at every meal.—*Huchard.*

ODORLESS IODOFORM OINTMENT.

℞ Creolin, . . . grm. j.
Iodoform, . . . grms. ij.
Vaselin, . . . grms. xxv.—M.

MALARIAL CACHEXIA.

Dr. J. H. Loving writes to the "Texas Courier-Record of Medicine" that he has found the following excellent for malarial cachexia:—

℞ Cupri sulphatis, . . gr. ij.
Strychninæ sulphatis, . gr. j.
Ferri sulphatis, . . ʒj.
Quininæ sulphatis, . . ʒss.
Acidi sulphurici aromatici, q. s.
Aquæ, . . q. s. ad ℥iv.
M. Sig.: A teaspoonful three times a day for five or six weeks.—*Weekly Med. Rev.*

ZINC GLUE FOR STIFF SURGICAL DRESSINGS.

Treutler recommends a preparation, first suggested by Unna, for obtaining stiff surgical dressings, such as are applied to fractured or dislocated limbs. It is as follows:—

℞ Oxide of zinc, . . 10 parts.
Gelatin, ... 30 parts.
Glycerin, . . . 30 parts.
Water, ... 30 parts.

This is thickly applied, and rubbed into the muslin or gauze forming the bandage. A thinner preparation contains 20 parts of gelatin and 40 parts of water, the other ingredients remaining the same.

REMOVAL OF POLYPI.

Professor Cohen says that, after the removal of polypi from the nasal cavity by forceps or snare, the injection of distilled witch-hazel,—1 part to water 4 parts,—three or four times a day, is much better than the application of the galvano-cautery.

PALATABLE CODLIVER-OIL MIXTURE.

The following formula is recommended by Professor Parvin:—

℞ Olei morrhuæ, . . f℥viij.
Olei gaultheriæ, . . f℥j.
Calcii phosphatis, . . gr. cclvj.
Pulv. acaciæ,
Sacchari albi, . . āā ℥ij.
Aquæ, . . . q. s. ad Oj.—M.

He has found this mixture readily taken by children.

SCIATICA.

Dr. D. D. Stewart reports good results from the deep injection of 20 minims of a 1-per-cent. solution of arsenious acid.

SORE THROAT.

For some forms of sore throat the following is an excellent prescription:—

℞ Zinci sulph., . . . gr. v.
Potassii chlorat., . . ʒij.
Tinct. myrrhæ, . . ♏xxx.
Tinct. capsici, . . f℥j.
Aquæ, ... f℥v.—M.
Sig.: Use as a gargle.—*Coll. and Clin. Rec.*

SNAKE BITES.

Professor Kaufman, of the Alfort Veterinary School, advises the cautious injection, hypodermatically, of a 1-per-cent. solution of chromic acid for the cure of snake-bites and the poison of other venomous reptiles. The affected limb should be ligatured.

LOCAL ANÆSTHESIA.

Dr. Richardson uses 1 part of carbolic acid to 250 parts of pure sulphuric ether, applied locally in the form of a spray. The effect is more rapid and permanent than when the ether alone is used, and there is less subsequent pain.

AGARICIC ACID IN PHTHISICAL NIGHT-SWEATS.

℞ Agaricic acid, . . . 0.2 grm.
Glycyrrhiza extract,
Glycyrrhiza powder, . āā q. s.

Sig.: Divide into 10 pills. Two pills two hours before bed-time.—*Merck's Bull.*

ANTI-EMETIC IN INFANTILE GASTRO INTESTINAL CATARRH.

℞ Musk tincture, . . . 20 drops.
Red wine, ... 15 grms.
Syrup, ... 15 grms.
Salep infusion, . . . 60 grms.

Sig.: Small teaspoonful every two hours.—N. MANDESTAMM, *La Semaine Médicale; Ibid.*

TREATMENT OF ASTHMA.

℞ Potassium iodide,
Lobelia tincture,
Senega tincture, āā 2.00 grms.
Opium extract, . . 0.02 grm.
Distilled water, . . 180.00 grms.

Sig.: Tablespoonful, mornings and evenings, in a wineglassful of water.—HUCHARD, *Revue Générale de Clinique et de Thérapeutique; Merck's Bull.*

STYRONE AS A DEODORANT IN ULCERATED CANCER.

℞ Styrone, . . . 4.00 grms.
Glycerin, . . . 30.00 grms.
Distilled water, . . 30.00 grms.

Sig.: Externally.—*Nouveaux Remèdes; Ibid.*

POWDER FOR CORYZA.

Dr. Capitan offers the following formula:—

℞ Salol, ... 1.00 grm.
Salicylic acid, . . 20.00 grms.
Tannic acid, . . 10.00 grms.
Boracic acid (pulv.), . 4.00 grms.—M.

At the beginning of the trouble a pinch of this powder is to be strongly drawn into each nostril, and the treatment should be given every hour for half a day.—*Bull. Pharmacy.*

CALCIUM MURIATE IN TUBERCULOSIS.

Dr. Robert Durrett states that he has found muriate of calcium to be an excellent internal remedy in tuberculosis. He cites several cases in which the results were favorable. He gives adults 30 to 40 grains of the pure calcium chloride in a glass of milk after each meal. The pure article must be imported; and, unless it be chemically pure, untoward effects may be produced.—*Am. Pract. and News.*

VAGINISMUS.

Pencil upon the part a 6-per-cent. solution of cocaine before coitus. This will generally prove efficacious.—*Parvin.*

BALDNESS.

℞ Tinct. jaborandi, . . ℥iv.
Glycerin, ... ℥ij.
Lanolin, ... ℥iij.

Sig.: Rub a little into the scalp every night.—*Pharm. Era.*

FOR COLDS IN THE HEAD.

℞ Hydrochlorate of cocaine, . 2 grains.
Menthol, ... 4 "
Boric acid, ... 30 "
Finely powdered coffee, . 8 "

M. Sig.: Take in pinches five or six times a day.—*Chem. and Drug.*

MERCURY SOZOIODOL IN SYPHILIS.

Professor Schwimmer, of Budapest, places a high value upon this combination. It is readily soluble in water, and possesses all the virtues of the less soluble mercurial preparations. His custom is to give one subcutaneous injection a week, generally in the gluteal region alternately of the right and left side, the quantity used being 0 08 gramme (about 1¼ grains). The formula is as follows:—

℞ Hydrarg. sozoiodol., . . 0.8
Pot. iodid., ... 1.6
Aq. dest., ... 10.0.—M.

—*Deutsche Med. Zeitung.*

PILL FOR INTESTINAL ANTISEPSIS (SPOETH).

℞ Creolin, ... 12 grms.
Alcohol. dilut.,
Pulv tragacanth., . āā 2 "
Succ. glycyrrh.,
Pulv. glycyrrh., . . āā 24 "

M. et ft. pil. no. cc. Two pills at a dose two or three times a day.—From "Petit Formulaire des Antiseptiques," par L. A. ADRIAN; *Le Progrès Médical.*

POMADE FOR CERVICAL CYSTITIS IN WOMEN.

℞ Camphorated lanolin, . 30 grms.
Ext. belladonna, . . 2 "

M. Sig.: Introduce, morning and evening, into the vagina on a wad of cotton.

VULVAR ECZEMA.

Lusch advises:—

℞ Bicarbonate of sodium, . 8 grms.
Bicarbonate of potassium, . 4 "
Neutral glycerin, . . 6 "
Tincture of opium, . . 8 "
Water, ... 250 "

Ft. sol. For use as a lotion morning and evening. After using the lotion apply a powder composed of starch 98 parts and powdered camphor 2 parts.—*Le Progrès Médical.*

TYPHOID FEVER.

For typhoid fever in children, when accompanied by nervous agitation, Jules Simon administers:—

℞ Hydrate of chloral, . . 0.50 grm.
Tincture of musk, . . 20.00 gtt.
Linden-tree water, . . 80.00 grms.
Syrup of orange flowers, . 20.00 grms.

Sig.: This to be given in dessertspoonful doses in the course of twenty-four hours.—*Med. and Surg. Rep.*

TUBERCULOSIS.

Dr. Fraenkel prescribes:—

℞ Creasote, ... 15.00 grms.
Tinct. gentian, . . . 30.00 grms.
Alcohol, ... 255.00 grms.

M. Sig.: Two or three tablespoonfuls a day.—*Ibid.*

CHRONIC DIARRHŒA WITH INTESTINAL FERMENTATION.

℞ Salol, ... ℥iij.
Castor-oil, ... ℥xv.
Syrup of rhubarb, . . ℥xxx.
Gum of acacia, enough to make emulsion.
Distilled water, . . . ℥xv.

M. Sig.: One tablespoonful every hour until the bowels move.—*Le Progrès Médical.*

FOR FISSURE OF THE NIPPLE.

Scarff gives the following formula:—

℞ Balsami Peru, . . . gr. xxx.
Tinct. arnica, . . . gr. xxx.
Olei amygdalæ dulc., . ℥j.
Liq. calcis, ... ℥iv.

M. Sig.: Anoint the fissure after each nursing.—*Med. World.*

FUNCTIONAL IMPOTENCE.

℞ Ext. cannabis Indic., . . gr. v.
Ext. nucis vomicæ, . . gr. v.
Ext. damianæ, . . . gr. xx.

M. et ft. pil no. xx.

Sig.: One pill after meals and at bed-time.—*Med. Age.*

LEG ULCER.

Dr. Weismueller praises the action of a dusting-powder thus composed:—

℞ Acid. salicyl., . . . ℈iv.
Acid. borici, . . . ℈ij.
Zinci oxid., . . . ℥ss.
Amyl.,
Talc, ... āā ℥v.

ANTINEURALGIC OINTMENT.

℞ Veratrin., ... 0.03.
Morph. muriat., . . . 0.02.
Adipis, ... 30.00.

M. Sig.: The veratrine should first be dissolved in a little alcohol. Apply with friction.

AMENORRHŒA.

A writer in the Revue Méd. chir. des. Mal. des Femmes prescribes:—

℞ Bichloride of mercury, . 3 gr.
Arsenite of sodium, . . 3 gr.
Sulphate of strychnine, . 1½ gr.
Carbonate of potass,
Sulphate of iron, . āā 45 gr.

M. Sig.: Make into 60 pills, and give 1 pill after each meal.—*Ex.*

CHLORIDE OF IRON AND QUININE AS A HÆMOSTATIC.

This salt is a yellowish-red powder, soluble in water, alcohol, glycerin, and collodion. It should be kept in dark-colored bottles. It is now used, both externally and internally, in Germany, as a hæmostatic. It may be applied in the form of powder to the part, or used in a 2-per-cent. solution in uterine hæmorrhage. A concentrated solution may also be painted on in cases of hæmorrhage from the mucous membrane. Gastro-intestinal and pulmonary hæmorrhages can be treated by the ingestion of 1½ to 3 grains several times a day, in pill, capsules, or mixture. The following prescriptions indicate the method of administration.—

℞ Chloride of iron and quinine,
Extract of licorice, . āā 40 gr.

M. Sig.: Make 20 pills, and take 1 or 2 every two hours.

℞ Chloride of iron and quinine, 15 gr.
Sugar of milk, ... 75 gr.

M. Sig.: Make 10 powders, and take 1 every two hours.

℞ Chloride of iron and quinine, 1.
Distilled water, . . . 85.
Syrup of bitter orange-peel, 15.

The last mixture may be given to children, in cases of diphtheria or croup, in doses of a dessertspoonful every hour or two hours. At the same time the throat is painted with a solution containing 30 per cent. of the chloride of iron and quinine; and a gargle containing 5 per cent. of the same substance may be used.

SALICYLIC ACID AS A DIURETIC.

After a series of investigations on this subject, Huber concludes that salicylic acid is one of the safest and most important diuretics. The greatest increase in the amount of urine seems to occur in rheumatic fever and serious pleurisy, whether the temperature is raised or not. In all cases the total loss of water by the skin and urine was increased, and the solids of the urine were increased. In ordinary pleurisy, and in 4 cases of cardiac dropsy, the drug acted well.—*N. Y. Med. Abstract; Med. and Surg. Rep.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER. A.M., M.D., Editor.
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THE PHYSIOLOGICAL ACTION OF STROPHANTHUS HISPIDUS.

THE energetic physiological and toxic action of this substance, and its therapeutic value in properly regulated doses, render its study of peculiar interest and importance. Resembling digitalis in its tonic influence upon the cardiac muscle, strophanthus possesses the advantage of not materially contracting the arterioles. The invigorated heart, therefore, meets with no opposition in a tension of the terminal vascular conduits. This property renders strophanthus available in conditions to which digitalis is not appropriate, particularly in the gradually failing heart of old people. The former, moreover, may be with safety used for more prolonged periods than the latter remedy. It was brought to the notice of the profession by Professor Fraser, of Edinburgh, to whom we owe the most thorough investigation of its properties, and who has published the detailed account of his elaborate studies in the Transactions of the Royal Society of Edinburgh.* The first part of this valuable monogram is devoted to the natural history and chemistry of the plant. The botany of strophanthus would not appear to be yet definitively settled, as we find Professor Fraser, following Oliver, describing as varieties what others consider as distinct species. However the fact may be, it appears that the species hispidus is found only in the African continent.

The chemical examination detailed in these volumes is full and accurate, its principal feature relating to the extraction of an active principle, strophanthin, a crystallizable glucoside, most abundantly present in the seeds. It was found that for frogs strophanthin is nearly three times more lethal than aconitine, and nearly ten times more lethal than pseudo-aconitine, although in mammals it is less fatal than either of these alkaloids. The glucoside was but little more active than the pure alcoholic extract of the seeds. The action of either upon frogs was to produce slow and irregular respiratory movements, followed by cessation, general muscular weakness, and paralysis of the heart. In rabbits, fibrillary twitching occurs at the site of injection, and afterward extends over the whole surface. The rate of the respiratory movements is diminished. The heart's action is reduced in frequency and strength. Paralysis of the skeletal muscles and the heart comes on gradually, the pupils dilate, the eyeballs become insensitive, and death ensues. Strophanthus has no direct effect upon the brain of the frog, but it paralyzes the reflex function of the spinal cord by a direct and primary action. It abolishes the sensibility of the eyeball in rabbits, and in both cold- and warm-blooded animals exerts a paralyzing influence upon motor nerves, by affecting the peripheral endings of these nerves in the muscles. The fibrillary twitchings occasioned by strophanthus are caused by an action on the termination of the motor nerves in the muscles. The paralysis of the skeletal muscles does not depend upon the cardiac paralysis, nor upon any influence conveyed by the motor nerves or originating in these nerves. On the contrary, the effect is due to a direct action of the drug upon the muscular tissue. Strophanthus reduces the rate of the heart's action and prolongs the ventricular systole. Larger amounts render the contractions irregular and arhythmical, with imperfect diastolic dilatation of the ventricle, and, finally, arrest of the heart, the ventricle being small, pale, and rigid, containing almost no blood. The organ is then incapable of resuming contraction, whatever be the stimulation to which it is subjected. It is probable that the changes preceding stand-still of the heart in warm-blooded animals are of the same character as those in frogs. Applied directly to the heart, large

* "Strophanthus Hispidus: its Natural History, Chemistry, and Pharmacology." By Thomas R. Fraser, M.D., F.R.S., F.R.S.E., F.R.C.P.E., Professor of Materia Medica in the University of Edinburgh. Transactions of the Royal Society of Edinburgh, vol. xxxv, Part IV, No. 21, 1890, and vol. xxxvi, Part II, No. 16, 1891.

doses caused arrest in systole, small doses in diastole. The larger dose abolishes the capability of the muscle to relax. The cardiac muscle appears, therefore, to be affected in the same way as the skeletal muscles. The diastolic arrest is of especial interest, since it is brought about by the same influences that are active in the human subject when the drug is administered for therapeutical purposes. Even in its extreme form, the irritability and contractility of the heart are not destroyed. Concerning the mechanism of the effect of small doses, the author remarks: "It is necessary to regard this action as operating simultaneously with the action on muscle that tends to increase its contractility: the former slowing the rate of contraction and giving an opportunity for the heart to receive an exceptionally large volume of blood, the latter rendering each contraction a more perfect and complete one than it otherwise could be. In such combination, therefore, as results from the administration of minimum lethal or of non-lethal or therapeutic doses, the expansion of the heart's chambers is augmented, the systolic contractions are rendered more complete, and the working power of the heart is enhanced." Experiments upon the blood-vessels showed that dilute solutions, represented by from 1 : 100,000 to 1 : 20,000, either of extract of strophanthus or strophanthin, are incapable of contracting the vessels. *Per contra*, experiments made for the sake of comparison demonstrated that in this respect the effect of digitaline is about one hundred times stronger than that of strophanthin.

We have briefly summarized the more important conclusions of Professor Fraser's work, particularly those which have a direct bearing upon the therapeutic applications of the drug. The investigations were made in the true spirit of science, taking nothing for granted, proving every step of the progress. Control experiments were made whenever necessary. The report is at once comprehensive and concise.

The second part of the work is based upon one hundred and fifty experiments upon animals (frogs and rabbits), briefly recorded, and accompanied by a series of deductions logically drawn from their study.

A SUGGESTION AS TO THE LOCATION OF THE BOURSE.

IN the January number of the MEDICAL BULLETIN, we took occasion to offer some comments upon the advantages of certain projects which have recently been engaging the attention of this community. Our remarks were fundamentally inspired by the loyal interests of citizenship, by that love and pride which all Philadelphians feel for the great city in which we dwell. The spirit of our people, when deeply stirred, has ever been found high enough to meet the demands of the most serious exigency. Naturally, however, municipal movements are looked upon by us chiefly from the point of view of the physician and sanitarian. Thus, a great proposal for the welfare of the whole community must needs be considered in a different light by each class represented in the community. The scheme must be criticised and modified in such a manner as to secure "the greatest happiness of the greatest number." It is not only one or a few branches of industry to be benefited, but each department of trade will receive its proportion of advantage. Consequently, while brokers will regard the plan of the Bourse from their own point of view, the same will be the case with manufacturers, importers, exporters, and jobbers. Each commercial calling will seek to learn what advantage it will derive from the erection of a Bourse. A full and free discussion of such a great and important undertaking cannot fail to be the best assurance of its success. At the same time the enlightened efforts of men engaged in so many diverse interests may modify or enlarge the scope of the enterprise. What is wanted is not a plan for the furtherance of our carpet or hosiery trade, the promotion of exchange of commodities, the interests of our coastwise or foreign shipping trade, of our builders and mechanics, but one which shall instill new life into all kinds of business, which shall excite a more active movement in trade, and stir up a stouter spirit of self-assertion in our breasts.

Having undergone this ordeal of public and private debate, it may be assumed that the ultimate success of this project is assured. Once convinced of its advantage, our business men

will regard the Bourse as a necessity, and ten years hence will wonder how business was transacted without the facilities to which they will have become accustomed.

The edifice which shall be at once the exponent and the home of this quickened activity of commercial life must be of liberal dimensions. Its style, adaptability to its purpose, and its external grandeur are problems for the architect to solve. The erection of a stately commercial palace will give employment to an army of industrious mechanics, and be of immediate advantage to the manual occupations. It is certain that the building must be designed upon a large scale in order to accommodate not only the present generation, but a long line of successors. Though in the older cities of this country growth cannot be so phenomenal as in the municipalities of the West, yet the increase of population in a great centre is, nevertheless, enormous. A large building is, therefore, required, one which, without unduly expensive decoration, shall be an ornament to the city, erected upon an ample site which shall permit of an extension according to the demands of the future.

The location of the Bourse is a matter of no little importance. It should be so placed as to be readily accessible from all quarters, that no unnecessary delay should be experienced in reaching its doors. The situation, in other words, should be in the heart of the city. We use this time-honored expression to designate that part in which men "do most congregate," in which life and activity are, during business hours, chiefly manifested. This locality by no means corresponds to the topographical centre. Exclusive of the Delaware River front the great arteries of commerce are Market and Chestnut Streets, with their intersecting thoroughfares. Though at present the offices and warehouses of our principal firms are to be found east of Broad Street, yet the drift of trade has evidently and necessarily been for years past to the westward. Year by year the advance of large commercial establishments has been encroaching upon the domains of small business concerns or of private residences. Factories and workshops of all kinds and capacities are scattered through all our wards, making Philadelphia a great hive of industry. The truth remains, however, that the operations of commerce are carried on within a certain limited area, which we may call the heart or the business portion of the city. The courts of the law, the public offices, newspapers, banks and business establishments, and great railroad depôts are concentrated in this region. In consideration of the present centre of trade, its tendency of movement, and the location of the railroad stations, the most fitting site for the Bourse would be in the immediate neighborhood of the stations. This situation is more universally convenient to business men than any other which could be selected. The proximity to the depôts is a point of capital advantage. It is not alone for the convenience of interchange among people living and doing business in Philadelphia that the Bourse is designed, but also for the benefit of customers from a distance who seek this market. These buyers should be brought direct to the doors of the Great Exchange. Our leading hotels and places of amusement are also in the same vicinity; so that the country merchant would have every facility placed at his disposal for the execution of business and the indulgence in innocent recreation.

The project which now occupies much of the attention of our most progressive citizens is rich in promise. It is highly to be desired that an appropriate site for the building should be chosen.

CITY LIFE.

A CITY life is accompanied by many disadvantages. In exchange for fresh air and fresh food we breathe an atmosphere laden with impurities and consume much food which, if not positively injurious, is, at all events, of inferior quality. Instead of gazing upon the face of Nature we look upon bricks and mortar. In place of observing the processes of Nature and learning the habits of the brute creation, we spend our time over books and ledgers, in driving bargains, or striving desperately to attain wealth. We lose the vigorous physique of natural man, and fall an easy prey to infection. We create for ourselves numerous artificial needs, contract a fondness for luxuries and perhaps a love of display. Removed from our sources of supply, necessities as well as su-

perfluities are enhanced in price, and our mode of life necessarily entails considerable expense. We become encumbered with a load of responsibility and anxiety. The nervous strain to which we are subjected is heightened by competition, rivalry, and the incessant haste which wastes our lives. These elements entail a constant nervous strain, the issue of which we see around us every day in broken health and fame.

The effects thus glanced at are necessary incidents when men crowd themselves together in great cities. Fortunately, if we are able to govern ourselves properly, we become more or less habituated to the dangers of our mode of life. We learn the need of physical exercise, mental diversion, summer holidays, and winter resorts. In the midst of our turmoil we look longingly forward to the time when we can drop our harness for a space and breathe in new life with country air, refresh our tired brains with the tranquil and leisurely order of country life. The poor, who are always confined to town, can at least obtain some recreation upon the rivers or in the parks.

Another class of ills to which citizens, rich and poor alike, are subject is to a certain and very large extent preventable, and for that reason is less patiently to be borne. If, on the one hand, the resistant force of our organisms is impaired by city life, on the other we are exposed to more numerous and more constantly operative causes of disease. Maladies of the nervous system are engendered by the anxiety which so frequently oppresses us, while infectious diseases are bred by defects in the methods of municipal sanitation. Now, these defects may often be corrected, and it is economical for any community to grant liberal salaries to scientific men, whose duty shall be to thoroughly study this most important subject. This purely scientific study is of value to every man, woman, and child in the city, and should be perfectly independent of the mutations of party politics.

THE COLLECTION OF GARBAGE.

IT is of moment to the people of Philadelphia and all cities that they be supplied with pure water, that their houses and streets are drained, that the collection and disposal of garbage should be performed in such a manner as to avoid being a public nuisance. These are matters which require much practical knowledge, and are of the utmost importance to every community.

Of water-supply and sewerage we shall take a future occasion to speak. The abominable ash-carts, an unfortunately familiar spectacle upon our streets, keep half the city strewn with dust. It seems to be the custom for the housekeepers to place the ashes in all sorts and sizes of boxes and barrels upon the front sidewalks, to remain, an unsightly and dirty disfigurement of the street, until they are removed by the collectors. In the meantime the air is wafting about the contents of the boxes, and distributing them impartially over pedestrians, into car- or carriage-windows and into house-doors. The scavenger, as he goes his rounds, empties box after box, barrel after barrel into his cart, the wind catching up clouds of ashes and liberally besprinkling all who are in the vicinity.

Our objection to this crude and unsightly method would not be so strong if the boxes held only ashes. Long rows of boxes—little, middle-sized, and big—lining the curb-stones are certainly an ugly sight, but an offended sense might tolerate them if convinced of their necessity and usefulness. It is very offensive to any one, and especially to a handsomely attired lady, to be covered with a thick layer of ashes caught up by the wind as the boxes are being emptied. Upon a windy day, so great is the quantity carried through the air that it is by no means an easy task to brush the deposit from the clothing. Cinders will occasionally be blown into the eyes and excite pain, lachrymation, or even conjunctivitis. But these ash-boxes often contain organic material, derived either from the house or other sources. Decomposing kitchen-waste, etc., may often be seen mixed with the proper contents. Worse than all, these ash-boxes and the garbage-pans may be contaminated with specific disease-germs. These are dispersed through the air along with the ashes, and give rise to many a case of erysipelas, carbuncle, bronchitis, pneumonia, septicæmia, or other infection, the origin of which cannot be distinctly traced. The crowning danger, however, lies in the dissemination of tubercle bacilli,

which, it is fair to presume, are often, and from many sources, deposited upon the ash-heaps left exposed for hours upon the open streets.

The problems connected with the sanitation of large cities are among the most difficult which we can be called upon to solve. They demand a knowledge of the principles of mechanics, hygiene, and pathology. It is clearly the first duty of the municipal government to adopt every expedient which experience has shown to be of assistance in preserving the general health. No community can be so prosperous as that from which all avoidable causes of disease have, as far as possible, been eliminated. City, State, and National Boards of Health are organizations which are of inestimable value to every portion of this country Whatever expense their operation entails is sure to be ultimately repaid.

CORRESPONDENCE.

INFLUENZA IN BERLIN.

Editor of the Medical Bulletin:—

DEAR SIR—In the Deutsche Medicinische Wochenschrift, Prof. Dr. Renvers gives an account of an investigation of 102 cases of influenza in Berlin. He says that the former epidemic reached its highest point in December of 1889, and by the middle of January, 1890, had exhausted itself. There were a few single cases in the fall of 1890. Since then there has been a marked disposition to catarrhal diseases in children. During the last summer, laryngeal catarrh, with attacks of whooping-cough, was frequent. After the 4th of November, 1891, many cases appeared. During the first of the attack there were serious complications, which gave an unfavorable prognosis in those affected with heart or kidney complaints. Cardiac weakness was especially noticeable in young children.

Twelve of the cases were taken with pneumonia; Renvers believes that none of these are directly conditioned by the influenza poison, but all are secondary infections favored by the typical influenza catarrh. These secondary infections are called forth partly through the diplococcus of pneumonia, and then we see in the influenza a lobar pneumonia with a typical course but a longer convalescence, and in part they are conditioned by the simultaneous appearance of streptococci and diplococci, which could always be demonstrated as well in the sputum as in the exudates taken direct through a puncture of the lungs.

According to Renvers, the influenza is no pneumonia, but prepares soil for all possible secondary infections of the alveoli of the lungs. The influenza catarrh can of itself cause death in aged or weak individuals through a diffuse capillary bronchitis. The sudden appearance of cardiac weakness is characteristic in these cases, and is of considerable moment. Attention should be called to the severity of the nervous manifestations, which can lead to meningeal and cerebral diseases.

In general, the influenza assumes a form similar to that of two years ago, only it is more intense, and, therefore, accompanied with severer and more varied complications. Passing through one attack does not give immunity; nor even protect one from relapses. From its sudden and frequent appearance no judgment can be given as to its transmission, but from the experiences in the last epidemic contagion seems to have played a rôle in the miasmatic diffusion. The simultaneous appearance of the epidemic in Berlin and Australia is striking. It seems to be a fresh epidemic beginning a new wandering over the earth.

A. MACDONALD.
GEORGETOWN MEDICAL SCHOOL, WASHINGTON, D. C.

TAR VAPOR FOR INFLUENZA.

Editor of the Medical Bulletin:—

DEAR SIR—For the benefit of the readers of your journal, who may be so unfortunate as to be attacked by the prevailing epidemic of *la grippe*, I wish to make a brief mention of a remedy which I found in my own case extremely beneficial in the distressing bronchial cough and dyspnœa,—I mean the inhalation of the vapor of tar in boiling water. Take 2 tablespoonfuls of tar (North Carolina), and put in a quart tin pail, and add a pint of boiling water. A convenient method of boiling the water and tar is by using an alcohol-lamp. If an alcohol-lamp cannot be obtained it may be boiled upon the kitchen-stove. Inhale for a few minutes, three or four times a day, the vapor of the boiling water and tar. I found it to give speedy and permanent relief to the dry cough and distressing dyspnœa.

Very respectfully,

M. G. WHITNEY, M.D.
PLYMOUTH, LUZERNE CO., PA.

Editor of the Medical Bulletin:—

DEAR SIR—Dr. Hoegerstedt argues strongly in favor of an unconditional milk diet in heart-failure. In his opinion, milk is an efficient therapeutical means in grave cases of this kind; in impaired circulation where all other medical

devices prove ineffective. In corroboration of this he gives the history of a case of contracted bicuspid valve, with dilatation of both ventricles; œdema of the legs, enlarged liver, albumen in the urine; pulse, 96,—feeble but regular; severe dyspnœa; respiration, 44; many dry and moist râles at the base of the lungs; considerable mental excitement; insomnia, perspiration, and diarrhœa. Calomel, digitalis, morphine, etc., had been employed, but without success. An absolute milk diet was ordered, and after a week's continuance the effects were disappearance of œdema and amelioration of respiration. When a mixed diet was admitted the patient's state became worse; morphine and other cardiac remedies failed even to prevent the development of the above symptoms. A milk diet was again the only treatment, and the patient at once improved. The admittance of a mixed diet again caused the bad symptoms to appear. For the third time a rigid milk diet was adopted, and the patient completely recovered. At first sleep became possible and the restlessness disappeared; then the urine was increased and the œdema vanished, etc.

Very truly yours,

S. SEILIKOVITCH.

PHILADELPHIA, 338 SPRUCE STREET.

LETTER OF ADVICE FROM BEN FRANKLIN TO A YOUNG FRIEND.

The following letter, historically accurate and authentically unquestioned, from the pen of a master mind, will be read with interest, and may cause some wonder to medical men. Those who do not admit the deductions must admire the logic, and to those who have not given the subject serious consideration there will be found food for thought. The averments in section No. 5, while anatomically true, are doubtless new to many who may scoff at the declarations. Taken all in all, it is a most remarkable letter, and, almost one hundred and fifty years after it was written, how little of dross do we find in this friendly letter of one of the greatest minds of this or any land!

J. A. DE ARMAND, M.D.

DAVENPORT, IOWA.

JUNE 25TH, 1745.

MY DEAR FRIEND—I know of no Medicine to diminish the violent nocturnal Inclinations you mention, and, if I did, I think I should not communicate it to you. Marriage is the proper remedy. It is the most natural State of Man, and therefore the State in which you will find solid Happiness. Your Reasons against entering into it at present appear to me as to be not well founded. The circumstantial Advantages you have in View by postponing it are not only uncertain, but they are small in comparison with the Thing itself, the being married and settled. It is the Man and Woman united that makes the complete being. Separate, she wants his force of Body and Strength of Reason; he her Softness, Sensibility, and acute Discernment. Together they are most likely to succeed in the World. A single Man has not nearly the Value he would have in that State of Union. He is an incomplete Animal. He resembles the odd half of a pair of Scissors. If you get a prudent, healthy Wife, your Industry in your profession with her good Economy will be a Fortune sufficient. But if you will not take this Counsel, and persist in thinking a Commerce with the Sex inevitable, then I repeat my former Advice, that in your Amours you should prefer old women to young ones. This you call a Paradox and demand my Reasons. They are these:—

1. Because as they have more Knowledge of the World, and their Minds are better stored with observations, their Conversation is more improving and more lastingly agreeable.

2. Because when Women cease to be handsome they study to be good. To maintain their Influence over Man they supply the Diminution of Beauty by augmentation of Utility. They learn to do a thousand services small and great, and are most tender and useful of all Friends when you are sick. Thus they continue amicable, and hence there is hardly such a thing as an old Woman who is not a good Woman.

3. Because there is no Hazard of Children, which, irregularly produced, may be attended with much inconvenience.

4. Because through more Experience they are more prudent and discreet in conducting an Intrigue to prevent suspicion. The Commerce with them is, therefore, with regard to your Reputation; and, with regard to theirs, if the affair should happen to be known, considerate people might be inclined to excuse an old Woman who would kindly take care of a young man, form his manners by her good Councils, and prevent his ruining his Health and Fortune among mercenary Prostitutes.

5. Because in every Animal that walks upright, the Deficiencies of the Fluids that fill the Muscles appear first in the highest Part. The face first grows lank and wrinkled, then the neck, then the Breast and Arms, the lower Parts continuing to the last as plump as ever; so that covering all above with a Basket, and regarding only what is below the Girdle, it is impossible of two Women to know an old from a young one. And, as in the Dark all Cats are Gray, the pleasure of Corporal Enjoyment with an old Woman is at least equal and frequently superior, every knack being by Practice capable of improvement.

6. Because the Sin is less. The Debauching

of a Virgin may be her ruin and make her life unhappy.

7. Because the compunction is less. The having made a young girl miserable may give you frequent bitter Reflections, none of which can attend making an old Woman happy.

8th and lastly. They are so grateful. Thus much for my Paradox. But I still advise you to marry immediately, being, sincerely,

Your affectionate Friend,

BENJ. FRANKLIN.

MEDICAL NEWS AND MISCELLANY.

FROM January 1, 1892, vaccination is compulsory in Italy.

AN International Sanitary Congress met at Venice, January 5, 1892.

THE Sultan has ordered a vaccine station to be established in Constantinople.

THE Woman's Medical College of Minneapolis has been incorporated according to law.

ETHER drinking is said to be now fashionable in Paris, where it is taken with brandy, half and half.

AN epidemic of impetigo contagiosa has recently been prevalent in the city of Cleveland, Ohio.

THE first cremation in Venice took place on October 31, 1891, at the new crematory of St. Michael.

DR. AUSTIN FLINT has been decorated by Venezuela, and been accorded the Order of the Liberator.

DR. WILLIAM H. GREENE, for nearly twelve years Professor of Chemistry in the Central High School, has resigned.

PHYTOLACCA is said to be of service in the treatment of obesity. It is not claimed that it is successful in all cases.

DR. J. H. BRYANT, of New York, has been appointed Surgeon-General on the staff of Governor Roswell P. Flower.

DR. LASSAR, *privat-docent* at Berlin, has been sent to Paris in order to study the subject of the regulation of prostitution.

THE sum of 500 francs ($100) has been appropriated by the Municipal Council of Paris as subscription to a memorial to Ricord.

A SUBSCRIPTION has been started in France for the purpose of raising a bust in memory of the lamented Professor Damaschino.

DR. O. STEDMAN, in the Lancet, calls attention to the occasional occurrence of ulceration of the mouth as a symptom of lead poisoning.

AUSTRALIAN MEDICAL CONGRESS.—The Third International Medical Congress of Australia will be held at Sydney, in September of this year.

DR. CHARLES F. ANCK, class of 1891 of the Medico-Chirurgical College of Philadelphia, has located at No. 2418 Brown Street, Philadelphia.

THE women physicians, pharmacists, and dentists of Illinois intend to prepare an exhibit to be made in the Illinois State building of the World's Fair.

CHANGE OF PUBLISHERS.—The Archives of Pediatrics will be published hereafter by Messrs. Fairchild & Co., No. 1329 Broadway, New York City.

DR. TH. ROUSSELL, senator and member of the Academy of Medicine, has been named a member of the Academy of Moral and Political Sciences.

MEDICAL FACULTY OF GRATZ.—Dr. Michael Borysikiewicz, Professor in the Medical Faculty of Innsbruck, has been appointed Professor Ordinarius of Ophthalmology.

DR. M. M. GERAUD, principal physician of Marengo and Guintray, physician of the first class of Marceau, have been named Chevaliers of the Swedish Order of Vasa.

THE metric system has been adopted by Dr. E. R. S. Squibb in his business, and after January, 1892, all products of his manufacture will be prepared according to this system.

A TRINIDAD and Tobago branch of the British Medical Association was established, November 24, 1891, at a meeting of representative medical men of the colony held at Port of Spain.

MEDICAL SOCIETY OF THE HOSPITALS.—M. Desnos, formerly Vice-President, has been chosen President; M. Fernet is Vice-President; MM. Le Gendre and A. Siredey, Secretaries.

A CREMATORIUM is to be erected in the Berlin City Cemetery at Friedrichsfeld, and is intended to be made superior, in point of structure and installation, to any now existing in Europe.

OREGON COLLEGE OF PHARMACY.—Prof. H. D. Dietrich has resigned the Chair of Pharmacy, and G. Herbert Ray, a graduate of the Philadelphia College of Pharmacy, has been appointed his successor.

THE Congress of South American Physicians, which was to have assembled in Cuba last month, has postponed its meeting until October, in order to coincide with the four-hundredth anniversary of the discovery of America.

THE twelfth Charity Ball, in aid of the Maternity Hospital, the Gynæcean Hospital, the Southeastern Dispensary, and the Oral School for Deaf Children, was given on the evening of January 26th, at the Academy of Music.

DR. THOMAS B. EARLEY has located at 1632 Green Street, Philadelphia.

JEWISH HOSPITAL.—The late Joseph Muhr left, by his will, $10,000 to the Jewish Hospital of Philadelphia.

DR. G. M. GOULD delivered a lecture before the Unitarian Club, Friday evening, February 19th, on "Everybody's Medical Duty."

THE Committee of Organization of the next International Congress, to be held at Rome, has been formed: Professor Baccelli being President, and Professor Maragliano, of Genoa, General Secretary.

INSANE-HOSPITAL COMMISSION.—Governor Pattison has appointed Alice Bennett, M.D., of the Norristown Hospital for the Insane, a member of the Chronic Insane Hospital Commission, succeeding Dr. John Curwen, resigned.

DR. HENRI ROGER, of Paris, has promised to the Academy of Medicine a sum of 500 francs per year for the establishment of a prize (2500 francs) to be given every five years to the author of the best work on the treatment of children.

AT a late meeting of the College of Medical Professors of Vienna, it was resolved that the Minister of Education should be recommended to bestow the title of professor upon *privat-docents* Drs. Bergmeister, Englisch, Hochstetter, and Paltauf.

DR. WILLIAM D. MIDDLETON, of Davenport, Iowa, has been appointed Surgeon-in-Chief of the Chicago, Rock Island, and Pacific Railway. His appointment was made to supply the vacancy caused by the death of Dr. W. F. Peck, the former incumbent.

MEDICAL COLLEGE CONVENTION.—Representatives of various medical schools of the State of Ohio met December 3, 1891, at Columbus. A resolution was passed asking the Legislature to establish a State Board of Medical Examiners.

AT the meeting (December 28, 1891) of the Medico-Physiological Society of Paris, the following officers were elected: M. Th. Roussell, President; M. Christian, Vice-President; M. Ritti, Secretary-General; MM. Sollier and René Semelaigne, Secretaries.

UNPUBLISHED WORKS OF SCHEELE.—At the last meeting of the Academy of Sciences, Paris, the secretary read a letter from the explorer, Nordenskjold, stating that he has recently discovered a variety of manuscript and unpublished works of Scheele, the Swedish chemist. He proposes to publish these documents. Judging from M. de Nordenskjold's explanations, his work is likely to prove of considerable interest, and will constitute an important addition to the history of chemistry.

SUICIDE OF A HOSPITAL PATIENT.—At Bordeaux, recently, an old man, having sustained a severe fracture of the thigh by being crushed between two steamers at the dock, was taken to the hospital. Amputation being declared necessary, the patient, preferring suicide to mutilation, shot himself, through the head, with a revolver.

DR. BARTHOLOW HAS BECOME A PATIENT IN A HOSPITAL FOR THE INSANE.—Dr. Roberts Bartholow, the eminent, but unfortunate, physician, whose attack of mental alienation resulted in his retirement from the faculty of Jefferson Medical College, in the fall of 1890, is, at the present time, it is understood, a patient in the Pennsylvania Hospital for the Insane. Dr. Bartholow has the appearance of a man of 70 years, although he is only in his 60th year. The greatest concern was felt for his health at the time the first evidences of his malady became painfully apparent. The trustees of the Jefferson College were forced to the delicate and disagreeable task of securing his resignation from the faculty.

Since that time Dr Bartholow's normal condition of mind has been rapidly failing, and a short time ago the neighborhood of Sixteenth and Locust Streets was aroused by the shouts of a man. Dr. Bartholow, in the clutches of three policemen, was forcibly removed from his house, No. 1525 Locust Street, to a carriage standing at the curb, and rapidly driven away. Since that time patients and other callers at the house have been informed that the doctor is traveling for his health. Some time ago he called on Judge Allison, then President of the Board of Trustees, under the impression or notion that he had been sent for. He also called at the College and inquired for the Dean of the faculty, and wanted to know who had been selected for Dr. Da Costa's place. It eventually became clear that the mind of Philadelphia's once eminent physician and specialist was totally overthrown.—*Philadelphia Evening Telegraph*, February 18th.

DEATH OF SIR MORELL MACKENZIE.—The distinguished English laryngologist departed this life on February 3d, at the age of 55 years. He studied medicine at the London Hospital Medical College, in Paris, and in Vienna. He was the founder of the Hospital for Diseases of the Throat in Golden Square, London, was physician to the London Hospital and lecturer on diseases of the throat. He was a corresponding member of the Royal Imperial Society of Physicians of Vienna, of the Medical Society of Prague, and an Honorary Fellow of the American Laryngological Society. His writings and skill have extended his fame to every portion of the world. His attendance upon Emperor Frederick during his last illness is known to all. He was knighted in 1887.

A PHILADELPHIA physician was called by a foreign family, and prescribed 1 pill to be taken three times a day, in any convenient vehicle. The family looked into the dictionary to get the meaning of the prescription. They got on well as far as the word "vehicle." To this they found "cart, wagon, carriage, wheelbarrow." After a grave consideration, they came to the conclusion that the doctor meant that the patient should ride out, and, while in the vehicle, he should take the pill. The supposed advice was followed to the very letter, and, in the course of a few weeks, the fresh air, taken so regularly, completely cured the patient.—*Texas Sanitarian.*

THE WESTERN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS.—A meeting was held, December 29, 1891, at Topeka, Kan., for the purpose of forming a society bearing the above title. The Committee on Permanent Organization recommended M. B. Ward, Topeka, Kan., as President; T. J. Shreves, Des Moines, Ia., Vice-President; S. S. Todd, Kansas City, Mo., Second Vice-President; T. J. Beattie, Kansas City, Mo., Secretary; and M. R. Mitchell, Topeka, Kan., Treasurer.

BRITISH ASSOCIATION MEETING IN 1892.—The sixty-second annual meeting of the British Association for the Advancement of Science will be held in Edinburgh, from the 3d to the 10th of August next, under the presidency of Sir Archibald Geikie, Director-General of the Geological Survey of the United Kingdom.

MEDICAL EDUCATION IN EGYPT.—The British Medical Review announces that there is a good prospect of the Cairo Medical School soon being restored to its former state of efficiency. Dr. Ibrahim Pasha, who was one of the Egyptian delegates to the late Congress of Hygiene, has been appointed Director, with Dr. H. P. Keatinge as Vice-Director; and it may confidently be expected that, under the enlightened administration of these gentlemen, the Egyptian doctor of the future will have the opportunity of becoming in reality what at present he is in name only.

OPENING OF THE RUSH HOSPITAL.—The formal opening of the Rush Hospital for Consumptives, at Twenty-second and Pine Streets, took place on Thursday, February 4th, from 4 until 10 P.M. The programme and speakers will be announced in a few days. The following is a list of the trustees and medical staff:—

Trustees—D. Hayes Agnew, M.D.; Hon. William N. Ashman, James Bateman, David Baugh; J. B. Colahan, Jr.; Samuel A. Crozer, Charles Este, William C. Hannis, Nathaniel E. Janney, Joseph DeF. Junkin, Charles J. Eea, Alexander K. McClure, Rev. Samuel D. McConnell, Jeremiah J. Sullivan, Henry Tatnall. Consulting Physicians—Alfred Stille, M.D.; J. M. Da Costa, M.D.; James Tyson, M.D. Visiting Physicians—Thomas J. Mays, M.D.; Charles W. Dulles, M.D.; Lawrence F. Flick, M.D.; J. P. C. Griffith, M.D. Laryngologist—Harrison Allen, M.D. Otologist—B. Alexander Randall, M.D. Ophthalmologist—Edward Jackson, M.D. Surgeon—Henry R. Wharton, M.D. Pathologist—John Guitéras, M.D.

AN Alumni Association of the Medical Department of Harvard University has just been formed. At the first banquet a letter of regret was read from Dr. Oliver Wendell Holmes, in which he says: "I know that the members regard me as a relic of the past, not without a certain value as a fragment of antiquity. In that point of view I am not merely a rarity, I am a unique specimen, and have an adventitious market-price, like one of those rare cents for which collectors pay a premium. Half-worn-out old copper as it is, its scarcity makes it worth a dime, or perhaps a dollar."

DR. ALEXANDER MACALISTER, F.R.S., Professor of Anatomy in the University of Cambridge, has been nominated President of the Section of Anthropology at the meeting of the British Association to be held in Edinburgh next summer.

DR. E. VON ESMARCH, son of the distinguished surgeon of Kiel, has been appointed Professor of Hygiene in the University of Königsberg, in the room of Professor C. Fraenkel, who recently accepted a "call" to Marburg.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN.—The first ward of the new hospital of the medical department of Michigan University is now completed, and was formally opened by the Governor of the State, January 20th. On this occasion an address, "The Hospital: An Element and Exponent of Medical Education," was delivered by Albert L. Gihon, A.M., M.D., Medical Director, United States Navy. The hospital was designed by Chamberlain and Austin, of Boston, and E. W. Arnold, of Detroit, and is supplied with modern hospital appliances. The ward just completed contains clinical amphitheatre, consultation rooms, offices, and accommodations for eighty patients. It has cost about $80,000. The plan provides for three additional wards, the erection of one of which will be begun during the present year.

DR. E. J. MOURE, the well-known laryngologist of Bordeaux, has been appointed, by decree of the French Minister of Public Instruction, Lecturer on Diseases of the Larynx, Ears, and Nose in the Medical Faculty of that city. This is the first time that the teaching of these special subjects has received official recognition in France.

SIR WILLIAM SAVORY has resigned his appointment of surgeon to St. Bartholomew's Hospital. Mr. Thomas Smyth is now the senior acting surgeon to that institution, and it is expected that Mr. Howard Marsh will shortly be appointed to fill the vacancy caused by Sir W. Savory's retirement.

INTERNATIONAL GYNÆCOLOGICAL AND OBSTETRICAL CONGRESS.— Dr. Jacobs, General Secretary to the Congrès Périodique International de Gynécologie et d'Obstétrique, which will hold its first meeting at Brussels in September, announces that the following subjects have been chosen for special discussion: (1) "Pelvic Suppurations," to be opened by M. Segond, of Paris; (2) "Extra-uterine Pregnancy," by Dr. A. Martin, of Berlin; (3) "Placenta Prævia," by Dr. Berry Hart, of Edinburgh.—*Brit. Med. Jour.*

HOSPITAL APPOINTMENT.—Dr. Mary Willits has been appointed Assistant Resident Physician to Dr. Alice Bennett, at the Insane Hospital, Norristown, Pa.

NATIVE DISEASES ALONG THE GABOON RIVER, WEST AFRICA.—Dr. R. H. Nassau, a medical missionary in the Gaboon River district, recently visited this city, and, in the course of some remarks at a society meeting, said that strangers visiting the equatorial region were liable to suffer either with severe forms of remittent fever (malignant bilious remittent, like the Panama fever) or to have boils and abscesses tending to recur annually at the beginning of the rainy season. Deformities are common, such as club-foot; extra fingers and toes are not rare; elephantiasis of legs and scrotum is also common. Tumors—bursal, fibroid, and abdominal (the latter occurring in women and probably ovarian)—are very frequent. Mammary abscess in nursing women he had often seen, but could not recall a single case of carcinoma of the mammary gland. Gynæcological disorders are very prevalent, from the laborious occupations of the women; from carrying burdens upon their heads, and especialy from maltreatment during and after confinement.

Syphilis and venereal diseases were not uncommon, if not introduced by white men; they were rendered far more prevalent than they were before, from all that he could learn from the natives. Insanity receives no treatment, except if the patient is troublesome he is abandoned in the woods or thrown into a river. The sleeping sickness, which terminates fatally after several months' stupor and somnolence, he attributes to the use as food of caseava, obtained from a variety of the *Jatropha manihot*, or sago-palm, growing in that region of the world, which he says is a poisonous variety. The disease, therefore, may be classed among dietetic affections, if he is correct in his explanation, and not unlike poisoning by mushrooms, which are also used as food and sometimes are poisonous. This is a subject worthy of further investigation, both from a physiological and therapeutical stand-point.

WE welcome to our exchange table the Medical Fortnightly, edited by Dr. Bransford Lewis, of St. Louis. Containing short and practical papers by good writers, comments on current topics of professional interest, and well-selected abstracts, all under the supervision of an accomplished editor, the new journal cannot fail to be a success from the start.

ANOTHER new publication which has reached us is entitled the Doctor's Weekly. The editor and proprietor is Dr. Ferdinand King, who aims to supply the medical profession of New York City and its vicinity with a medium of general or common communication. May prosperity attend the new venture.

MISS CLARA BARTON, President of the American branch of the Red Cross Society, has issued an appeal to the American people for $75,000 to pay the expenses of shipping four cargoes of food from New York to Libau, on the Baltic, for the starving peasants of Russia.

R. R. DONNELLEY & SONS COMPANY announce that they have purchased from Messrs. Charles Truax, Greene & Company the medical journal known as The North American Practitioner. The editorial management will continue, as heretofore, under the auspices of the Post-Graduate Medical School of Chicago, and immediate editorship of Bayard Holmes, M.D., assisted by Louis J. Mitchell, M.D.

HEALTH APPOINTMENT.—Mayor Stuart, of Philadelphia, has recently appointed James W. Walk, A.M., M.D., to the Chairmanship of the Board of Civil-Service Examiners for the Bureau of Health.

Dr. Walk is a graduate of Lafayette College, and received his degree in medicine from the University of Pennsylvania in 1878. He is now President of the Alumni Association of Lafayette College. As a member of the Legislature of Pennsylvania, he served with distinction for two successive terms. His experience in education is well known, and on matters pertaining to public health the doctor has been most active.

PHENACETIN IN INFLUENZA.—At the stated meeting of the Medical Society of the County of New York, on Monday, January 25, 1892, the subject for discussion was the epidemic of influenza.

The discussion was opened by Dr. Janeway, and, after addresses by Drs. Jackson, Draper, and Robinson, Dr. Francis Delafield addressed the Society on the treatment of influenza. He stated as follows: The treatment consisted of

putting the patient to bed, and seeing that he was well nursed and had proper diet while the disease was running its course. It was possible, however, for the physician to interfere with advantage in the case of certain complications. Of all the remedies suggested for the treatment of influenza and its complications,—such as severe headache or neuralgia, pains, etc.,—he had found nothing so reliable as phenacetin, in doses of 5 grains every two hours. The catarrhal throat trouble—which is often present—he had treated successfully with aconite or salicylate of soda, with a solution of cocaine for local applications.—*Medical Record.*

A National Department of Public Health.—In accordance with a resolution unanimously adopted at the last meeting of the American Medical Association, a petition has been prepared for presentation to Congress: "A Petition to Establish a Department of Public Health and the Appointment of a Secretary of Public Health." The resolution of the Association directed "that the President of the Association, W. T. Briggs, M.D., of Nashville, Tenn., appoint a committee of thirty to memorialize the next Congress to create a Cabinet officer to be known as Medical Secretary of Public Health." The committee appointed by the President is thus constituted: C. G. Comegys, Chairman, Ohio; N S. Davis, Illinois; T. G. Richardson, Louisiana; J. C. Culbertson, Ohio; J. F. Hibberd, Indiana; W. B. Atkinson, Pennsylvania; Charles A. Lindsley, Connecticut; C. A. Hughes, Missouri; W. T. Briggs, Tennessee; H. D. Didama, New York; Thomas B. Evans, Maryland; Alexander J. Stone, Minnesota; J. P. Logan, Georgia; W. Ayer, California; Charles Denison, Colorado; W. I. Schenck, Kansas; P. O. Hooper, Arkansas; H. J. Swearingen, Texas; Wirt Johnston, Mississippi; Thomas F. Wood, North Carolina; J. N. McCormack, Kentucky; J. I. Reeve, Wisconsin; H. O. Walker, Michigan; Landon B. Edwards, Virginia; Albert N. Blodgett, Massachusetts; A D. Beven, Oregon; E. D. Smith, Washington; J. B. Atchinson, Montana; C. H. Mastin, Alabama; R. A. Kinlock, South Carolina.

The committee has prepared an excellent address, reciting the eminent advantages to be derived from a unification of medical effort in behalf of the health of the nation. To this publication the chairman adds the following note:—

I have not appended the names of a number of the committee because I have not heard from them. I hope to get them all, so that they can be added in the committee-room of Congress. Physicians who favor this movement will please send to me, without delay, by postal or letter, their names and addresses, saying: "I favor the movement to create a Department of Public Health and a Medical Secretary of Public Health." I will forward their names to Washington.

If all of the profession who favor it will write to their Senators and Representatives it will greatly aid the movement. A distinguished Senator writes to me, saying; "I appreciate the great importance of the subject, and will give any aid I can to promote its adoption."

Respectfully, C. G. Comegys,
266 Elm Street, Cincinnati O.

Magdalen Society.—At the annual meeting of the Society of Philadelphia, held February 9th, the ninety-second report of the Board of Managers, which was read, stated that the Home had continued under the care of the same officers as for a number of years. There were 94 applications for admission during the year; number in the Asylum, January 31, 1891, 24; admitted during the year, 50; whole number under care, 74; discharged, 41; remaining in the Home, 33. Of those discharged there were returned to their families, 22; found employment, 8; sent to other institutions, 8; dismissed for unruly conduct, 1; left at their own desire, 2. Attention was called, in the report, to the need of increased accommodations.

Mr. Colson Heiskell made a few remarks, and said he was glad he had been connected for so long a time with an institution that had accomplished so much. There had been nearly 85 per cent. of reformation among those under the care of the Society.

Dr. Levick said he was glad to express the appreciation they all felt for Mr. Heiskell's faithful services. He suggested that some wealthy person should lay the foundation for a Girard College for girls. What an immense charity that would be! The majority of the girls brought to the Magdalen Asylum had been bereft of their parents. Such an institution for orphan girls is one of the greatest needs of the present day.

Russian Relief.—The following committee has been appointed in behalf of the medical profession to solicit and receive contributions for the starving people of Russia: W. H. Pancoast, Chairman, 1100 Walnut Street; William Pepper, 1811 Spruce Street; Horatio C. Wood, 1925 Chestnut Street; Thomas G. Morton, 1421 Chestnut Street; D. Hayes Agnew, 1601 Walnut Street; William W. Keen, 1729 Walnut Street; S. Weir Mitchell, 1534 Walnut Street.

Minnesota College of Pharmacy.—The last session of the State Legislature having appropriated $5000 for the establishment of a School of Pharmacy in connection with the State University, the Board of Regents has appointed a committee to prepare a suitable curriculum and propose the names of competent instructors.

The first course is expected to begin October 4, 1892, and continue till the first Thursday in June, 1893.

CAMDEN (NEW JERSEY) COUNTY MEDICAL SOCIETY.—The regular quarterly meeting of the Society was held at the new dispensary building, 725 Federal Street, Camden, on Tuesday evening, February 9th, at 8 P.M. After the election and introduction of new members, Dr. E. L. B. Godfrey, on behalf of Dr. Watson and the State Board of Medical Examiners, submitted a bill that would be presented to the Legislature, making it necessary for all midwives to pass an examination and be qualified before engaging in practice. On motion of Dr. Gross, and with amendments by Drs. Ridge, Strock, Ireland, and Benjamin, the bill received the approval of the Society. The regular order of business next being the introduction of the speaker of the evening, Dr. William Iszard, who read a paper on "Influenza, or Grippe." President D. W. Blake, of Gloucester, called upon the oldest and one of the most active members of the Society, Dr. James M. Ridge, who spoke in a very practical manner upon the history and treatment of the influenza. He pointed out that in his experience the treatment of the symptoms, as all physicians recognized, was the best way to manage the disease. The following physicians were also called upon by the President: Dr. E. L. B. Godfrey, who, in his reference to the two epidemics observed, dwelt upon the different types of the disease. He likewise illustrated by his own case the effect upon his lungs, in apparently causing local spots of pneumonia. In the doctor's experience, phenacetin was one of the best agents to employ, with tonics, and especially strychnine. Dr. John V. Shoemaker alluded to the very good remarks made by the speakers upon influenza and, as the time was limited, would only add that every tissue and secretion is liable to be invaded with influenza,—illustrating its action in several cases on the skin by producing a general erythematous eruption. He would simply refer, in a few remarks, to the best treatment to be instituted in all cases. Rest, good and nutritious food, careful nursing, the treatment of symptoms, and sustaining the system by tonics, more especially nux vomica, or its active principle, strychnine, were the remedial indications. Among the most suitable of the agents to lessen the constitutional symptoms might be named phenacetin, in small doses, 2 or more grains, frequently repeated, especial care being experienced in administering many of the other coal-tar products in large doses, as they would, at times, give rise to alarming and even fatal results.

Dr. Hobart A. Hare made reference to the contagiousness of the disease, giving a very graphic account of how an institution filled with patients, in the mountains of New York, had been exempt from influenza by a thorough segregation. He gave an example of a case in which there were apparent spots of pneumonia over the lungs, which Professor Da Costa and himself believed were due to external or cutaneous congestion over different parts of the organs. In this case large doses of sulphate of strychnine ($\frac{1}{20}$ grain three times a day), continued for a long time, and increased until the patient could take as much as $\frac{1}{10}$ grain three times a day, without the physiological action of the drug, doubtless saved the patient's life. Dr. Hare likewise believed that strychnine or nux vomica were especially valuable remedies in the treatment of this affection. He referred to the coal-tar products, recommending at times phenacetin, more particularly in combination with salol. Dr. D. Benjamin, Dr. Stevenson, and other members of the Society also gave their experience in the treatment of influenza, concurring, in many respects, with the opinions already given.

At 10.30 P.M. the banquet was announced, and the members, with the guests, repaired to the dining-room, and did justice to a most substantial and well-prepared meal. During the evening the Master of Ceremonies, Dr. Townsend, called upon Professor Hare to respond to the toast of the Coal-tar Products; Professor Shoemaker, Medical Journalism; Dr. Strock, The Society; and Dr. Ridge, The Profession Upon the Pacific Slope.

Among those present at the meeting and banquet were Drs. James M. Ridge, A. M. Mecray, E. L. B. Godfrey, Dowling Benjamin, William A. Davis, Onan B. Gross, Daniel Strock, E. P. Townsend, George T. Robinson, Joseph H. Wills, H. F. Palm, Alexander McAlister, A. T. Dobson, William H. Ireland, William H. Iszard, C. M. Schillinger, William S. Jones, John F. Leavitt, P. W. Beale, of Camden; D. W. Blake and Edwin Tomlinson, of Gloucester; John R. Stevenson, William B. Jennings, and Charles Braddock, of Haddonfield; E. B. Woolston, of Marlton; H. H. Shirk and E. Kensinger, of Cramer's Hill; William A. Westcott, of Berlin; William H. Melcher and R. H. Parsons, of Mount Holly; and Profs. H. A. Hare and John V. Shoemaker, of Philadelphia. Dr. H. Genet-Taylor, one of the most active members of the society, and ex-president, was unavoidably detained from the meeting by being ill. The doctor was very much missed by his many friends and associates.

BERKS COUNTY MEDICAL SOCIETY.—The annual banquet of the Medical Society of the County of Berks took place at Reading on February 9th. Covers were laid for 40. The programme of toasts was as follows: "Our Presi-

dent," Dr. S. C. Ermentrout, Reading; "Early Reminiscences," Dr. James Tyson, Philadelphia; "Our Society," Dr. Israel Cleaver, Reading; "The Human Eye," Dr. P. D. Keyser, Philadelphia; "Our State Society," Dr. W. D. Atkinson, Philadelphia; "Our Hospitals," Dr. W. M. Weidman, Reading; "Advances in Surgery," Dr. A. Craig, Philadelphia; "European Experience," Dr. L. Webster Fox, Philadelphia.

Skin Eruption from Quinine.—It is known that quinine occasionally causes skin eruptions, but the following case reported by Hagan is of special interest, owing to the length of time it lasted before the cause was discovered. The patient, a boy, is now 4½ years old; when 18 months old his nurse noticed one morning that his body was scarlet. He was treated as for an eruptive fever, and got well in three or four days. Since then, for three years, the boy had never been free from some kind of skin eruption, chiefly erythema multiforme papulosum, urticaria, dry, scaly condition, and usually severe itching. He had been treated with innumerable remedies by several doctors, but without the slightest benefit. When seen at this time the skin of the abdomen and thighs was as red as a boiled lobster, thickened, hard, dry, and desquamating markedly; there was severe itching and want of sleep, and his general health had suffered greatly. His diet and hygienic surroundings were unexceptionable; but, on minute inquiry, Hagan discovered that his mother was in the habit of giving him quinine frequently to prevent his taking cold; the exact amount given could not be ascertained. This was stopped, and in one month the child was perfectly well. To make sure that quinine was really the offending substance, 1 grain of the sulphate was given to him. In six hours afterward he was covered with a general erythema, which did not disappear for three days. —*British Medical Journal.*

Marriage of Dr. Atkinson's Daughter.—Dr. and Mrs. William B. Atkinson's daughter, Miss Elizabeth Stevenson Smith, was married on Thursday, February 18th, to Mr. G. Robinson Silver, at the Church of the Mediator, in Philadelphia. The happy couple gave a reception, Thursday, February 25th, between 8 and 10 P M., at their home at Wayne, Delaware County, Pa., to a large number of friends and relatives. Many prominent members of the medical profession called to offer their congratulations to the daughter of their distinguished colleague, Dr. Atkinson.

At a meeting of the Minnesota Academy of Medicine, December 2, 1891, a paper was read by Dr. Talbot Jones, of St. Paul, on "Raynaud's Disease." The histories of 2 cases which came under the author's observation are given, together with a review of the literature of the subject. The paper is published in the Northwestern Lancet for January 15, 1892.

In the Montreal Medical Journal for January Dr. F. H. Wetmore gives the history of a case of hemichorea in a pregnant woman, caused by acute retroflexion of the gravid uterus. The manifestations began in the fourth month, and disappeared in a little more than a week after the retroflexion had been corrected by appropriate mechanical treatment.

The Utility of the Microscope.—Dr. Ephraim Cutter, of New York, has written for the Microscope, published in Trenton, N. J., a very practical contribution upon "The Esoteric Beauty and Utility of the Microscope," for January, 1892. This well-known authority with the microscope writes as follows in this article about phthisis pulmonalis:—

Morphs. A, B, D, E.—The microscope is a means to the following ends in the diagnosis: 1. The pre-tubercular state any time within a year before the lungs break down, which forms tubercular. 2. The tubercular state. 3. To distinguish between consumption of the lungs and bowels. 4. Between consumption and bronchitis and asthma. 5. Fibrous consumption. 6. Consumption of the blood. 7. Between consumption and uterine disease. 8. Bright's disease of the lungs. 9. Consumption in cases of life-insurance. 10. To know how the patient gets on under treatment. 11. To know when to add to or restrict diet. 12. To know when the patient is cured.

Remarks—Sometimes, to distinguish elastic or inelastic-lung fibres in the sputum, the polariscope must be used, as cotton, linen, or woolly fibre may be discharged by the action of the sputum as to closely resemble the lung-fibres, which do not polarize light. No real progress to health is made in any case before the normal morphologies take the place of *Morph. A, B, D, E.* The microscope alone reveals these; hence, what a useful and beautiful thing it is to settle so many points that are a great trouble to physicians! To give an idea here of these abnormal morphologies would take too much time and space. Indeed, they are best taught by practical lessons from some one who understands them. These ideas are not wholly original with the writer. They are American, and have been in use for many years. The writer reported at the Tenth International Medical Congress, Berlin, 100 cases of consumption; 40 of them were cures mostly of ten years' standing; some of twenty-five years. The treatment has been published in the "Transactions of the American Medical Association," 1880, p. 70. From these we infer that the Netherlands are to be much honored for the discovery of the microscope; that something grand has been done in America with the microscope; and that, if 40 per

cent. have been saved by using the microscope, it is not an "accursed" instrument.

N. B.—These 100 cases do not comprise all of my cases in consumption.

BOOK REVIEWS.

Treatise on Gynæcology—Medical and Surgical. By S. Pozzi, M.D., Professor Agrègè à la Faculté de Médecine; Chirurgien de l'Hôpital Lourcine-Pascal, Paris, etc. Translated from the French edition, under the supervision of and with additions by Brooks H. Wells, M.D., Lecturer on Gynæcology at the New York Polyclinic, etc., etc. Vol. I, with 305 illustrations and 6 full-page plates, in color. New York: William Wood & Co., 1891.

Dr. Wells has certainly reproduced one of the best works upon gynæcology now published in the world. Additional cuts and some notes have been added by the editors, which enhance very much the value of the work. A very excellent plate has been appended (No. 2) showing the south end of operating-room in Gynæcological Department, Johns Hopkins Hospital, Baltimore, thus giving physicians and surgeons an opportunity of seeing a well-arranged and well-prepared room for this special branch of surgery. This work is not only well written, but it is admirably illustrated, almost every important operation described being explained by good figures. The various methods of surgical procedure are not only ably given in this manner, but all the necessary instruments and appliances are likewise pictured to the satisfaction of the reader. The volume before us includes almost six hundred pages, with large, attractive type, and arranged in twenty-two chapters. Each section is complete in itself, and contains many new and valuable facts for every physician who must practice this important specialty. The first chapter, if carefully read, would alone repay the reader for the price of the entire volume. The author, in this portion of the work, speaks of antisepsis in gynæcology very thoroughly, and points out the various agents,—as sublimate solution, acidulated sublimate solution, creolin, beta-naphthol, iodoform, salol, iodol,—with the advantage of employing the drugs named.

A chapter of very great value, and a portion of the work that should be examined very thoroughly by the reader, is the reference to the treatment of fibroma. The author and editor both give a most interesting account of the application of electrolysis to fibromata, which was first made by Cutler, of our own country, in 1871. Pozzi, in concluding a description of the action of electricity, states that the majority of operators recognize that it does lessen the hæmorrhages and the pain, and improves the general condition,—an admirable and valuable expression from one of the first authorities in the world on the treatment of fibromata by electricity. The editor further adds upon this subject that, while ultra-enthusiasm and too great expectations have undoubtedly led to failure or disappointment in the use of electricity, there can be no question of its importance as a palliative therapeutic agent. The pathology and treatment laid down in the work are both instructive and valuable to all practitioners. The volume will be of great service, to every physician practicing medicine, from its many valuable clinical facts.

Dei Morbi sifilitici e venerei, Sommario di Conferenze in due parte. Configure. Roberto Campana, Professore Ordinario di Clinica Dermosifilopatica nella Regia Università di Gonova. Genova, 1889. Syphilitic and Venereal Disease. A summary of lectures. In two parts. Illustrated. By Roberto Campana, Ordinary Clinical Professor of Dermato-Syphilography in the Royal University of Genoa.

This excellent volume contains a complete, yet concise, summary of venereal disease, based upon the cases treated in the clinic conducted by the author. The subject is discussed in a systematic order, each chapter being illustrated by the histories of cases under observation, and in some instances by experiments and statistical reports. The first part is devoted entirely to syphilis, and the author gives, in seventeen chapters, a complete picture of the disease, from the initial lesion, with its adenopathies, through its general constitutional symptoms, the early and late syphilides, the various visceral involvements, and the hereditary form of the disease. The last two chapters are devoted to treatment.

The second part contains fifteen chapters, and deals with gonorrhœa—acute and chronic—as it appears in both sexes, the complications and sequelæ to which each is subject; herpes preputialis; the new formations so frequent upon the genitals of prostitutes, warty growths, lymphadenitis, metritis, salpingitis, etc. The concluding chapter treats of the prophylaxis of venereal disease.

The Diseases of the Mouth in Children (non surgical). By F. Forchheimer, M.D., Professor of Physiology and Clinical Diseases of Children, Medical College of Ohio, etc. Philadelphia: J. B. Lippincott Company. 1892.

The consideration of diseases of the mouth in children is of great importance to every practitioner: first, as a means of diagnosis; and, second, to relieve the little sufferers and keep up the nutrition of their bodies. The author,

in this very able work, has placed before the profession, in a thorough manner, a full account of all the diseases of the buccal cavity. The volume includes almost two hundred pages—well written—and with most practical advice from a good clinician. One of the very instructive chapters is No. 9, which refers to the tongue and mouth in disease of remote parts. The author points out diseases, which may be indicated by the change in shape, size, color, and coating of the tongue.

Another very practical reference the author makes in this chapter is, that "the mouth plays a very important rôle in the differential diagnosis of the acute exanthemata, on account," he adds, "of the fact that the eruption makes its appearance in from one to three days before developing upon the skin, valuable knowledge can be gained by careful attention to the mucous membrane." The above suggestions, and many other additional valuable references that follow upon this same subject, make this portion of the book especially of service to practitioners. The treatment laid down by the author upon the diseases referred to in the work is very practical.

A Complete Medical Pocket Formulary and Physicians' Vade Mecum. Containing upward of 2500 prescriptions collected from the practice of physicians and surgeons of experience, American and foreign, arranged for ready reference under an alphabetical list of diseases; also, a special list of new drugs, with their dosage, solubilities, and therapeutical applications, collected for the use of Practitioners. By J. C. WILSON, A.M., M.D., Physician to the German Hospital, Philadelphia, etc. Philadelphia: J. B. Lippincott Company, 1892.

Dr. Wilson has collected and arranged, in a very compact form, many very useful and valuable prescriptions from the leading clinicians and practitioners of the day. The author has also appended some very good tables and a list of new remedies. The book contains blank leaves, upon which additions can be made by physicians employing the work.

Essentials of Physics. Arranged in the form of questions and answers. Prepared especially for students of medicine. By FRED. J. BROCKWAY, M.D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. With 155 illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street, 1892. Price, $1.

The author of this small but useful book has given all the essentials of physics in five lectures, as follows: Matter, Heat, Light, Sound, and Magnetism and Electricity. All the subjects just alluded to are well illustrated, and the portion of the work in which electricity is considered is very interesting. It is one of the most practical and very best of the question compends that W. B. Saunders has published.

Van Riper's Record-Book for Physicians and Trained Nurses. P. Blakiston, Son & Co., publishers, 1012 Walnut Street, Philadelphia, Pa. Price, 50 cents.

The author has prepared this book for practical use, from the neat and compact way in which it is arranged. Blank spaces, marked off and headed with practical terms, are found upon each page. The book will be useful for physicians and nurses, or in any household in which sickness is liable to occur.

Saunders's Question Compends, No. 23: Essentials of Medical Electricity. By D. D. STEWART, M.D., Demonstrator of Diseases of the Nervous System and Chief of the Neurological Clinic in Jefferson Medical College, etc., and E. S. LAWRANCE, M.D., Chief of the Electrical Clinic and Assistant Demonstrator of Diseases of the Nervous System in Jefferson Medical College, etc., etc. With 65 illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street, 1892.

This work is a most suitable companion to that just referred to by the writer. It has been written by two members of the profession who are teachers, having also clinical advantages by which they make the book practical in its application. The authors not only explain the proper apparatus employed in medical electricity in a clear manner, but also add some very good therapeutic uses of this valuable remedy. We hope that in subsequent issues they will include more upon the already well-known applications of electricity for the treatment of diseases of the alimentary canal and in skin and venereal affections.

Public Ledger Almanac. 1892. Sixth and Chestnut Streets, Philadelphia. George W. Childs, publisher.

This annual messenger from one of the most successful publishers in the world always comes as a most acceptable gift. It contains much information, well arranged, and of great service to every living citizen.

Addresses, Papers, and Discussions in the Section of State Medicine, at the Forty-second Annual Meeting of the American Medical Association. Washington, D. C., May 5–8, 1891. Chicago: Printed at the Office of the Association.

The published papers of this Section show the good work that was accomplished in that department at the last annual meeting. We regret that the volume is not larger; it should be a half a dozen times its present size this year. The

paper by Dr. Sternberg, upon the "Disinfection of Excreta," contains much valuable information, and could be read with advantage by many people outside of medical circles.

The Merry Bachelor. Translated from the French of A. R. LE SAGE. With designs by R. DE LOS RIOS, etc. New York: Worthington Company, 747 Broadway. Price, cloth, $1.00; paper, 50 cents.

An amusing story of Spanish life, describing the free manners, morals, and modes of living of a past generation. Le Sage's writings are invariably entertaining, but one of his best characters is his "Merry Bachelor," who passes through innumerable adventures and contests, nearly all beneath the banner of love. The novel is narrated in a most agreeable way; direct and simple, but withal brilliant in coloring, as well as charming in scenes and conversations, absorbing in interest.

Proceedings and Transactions of the Detroit Medical Library Association for 1888, 1889, 1890, *and* 1891. Reprinted from the Physician and Surgeon, Detroit, Michigan. Committee on Publication for 1891: C. W. Hitchcock, W. B. Sprague, W. J. Cree, Angus McLean, Don. M. Campbell.

The committee having in charge the preparation and publication of the Transactions of this Association has given an admirable volume, which contains many useful and practical papers.

Braithwaite's Retrospect on Practical Medicine and Surgery. Part 104, Uniform American Edition. New York: G. P. Putnam's Sons, 25 and 27 West Twenty-third Street, 1892.

This valuable compendium,—which has been published since 1840,—edited by James Braithwaite, appears every January and July. The American edition reflects much credit upon the publishers, and constitutes a review of all medical facts of the last half-year.

Insomnia and Hypnotics. By GERMAIN SEE, M.D.; translated by E. P. HURD, M.D. The Physicians' Leisure Library. Detroit, Mich.: Geo. S. Davis, publisher. Issued monthly. Subscription price, $2.50 a year; single copies, 25 cents.

The writings of the distinguished author of this work are always good. He is not only a fine teacher and writer, but likewise an excellent clinician. The work is divided into three chapters, the subjects treated being: The Physiology of Sleep, Insomnia, and Hypnotics. In the last chapter the reader will observe a complete review of all the useful agents now employed. The author also demonstrates the utility of non-remedial agents, especially the value of electricity.

CURRENT MEDICAL LITERATURE

Defects of the Ocular Muscles. By John S. Stewart, M.D., Philadelphia.

Sixty-third Annual Report of the Philadelphia Lying-in Charity for the year ending April 30, 1892.

The Snook-Herr Poisoning: The Official Investigation—Preliminary Examination. By H. M. Goodman, M.D., Demonstrator of Physiology, Bacteriology, and Pathology, University of Louisville.

The Causation of Influenza: Sometimes Called by its French Name "La Grippe." Reported by Henry B. Baker, M.D., Secretary of the State Board of Health.

Abstract of Proceedings of the Michigan State Board of Health, Annual Meeting, April 14, 1891. Reported by the Secretary of the Board.

The Prevention of Small-pox; Now is a Good Time to be Vaccinated.

Proceedings and Addresses at a Sanitary Convention held at Alpena, Mich., July 10 and 11, 1890, under the direction of a Committee of the State Board of Health and a Committee of Citizens of Alpena.

Eleventh Inaugural Address of Clark Bell, Esq., President of the Medico-Legal Society.

The Progress of Modern Surgery in Twenty-five Years. By William G. Porter, M.D., Senior Surgeon to the Philadelphia Hospital; Surgeon to the Presbyterian Hospital, etc.

Supplemental Report on Cartilaginous Tumors of the Larynx and Warty Growths in the Nose; Unilateral Paralysis of the Lateral Crico-Arytenoid Muscle. By E. Fletcher Ingals, A.M., M.D., Chicago, Ill.

Long Island College Hospital, Brooklyn, N. Y., Thirty-third Annual Announcement, 1891.

The Effects of Dry Atmosphere on Chronic Inflammation of the Larynx and Nares. By E. Fletcher Ingals, A.M., M.D., Professor of Laryngology, Rush Medical College; Professor of Diseases of the Throat and Chest, Woman's Medical College, etc.

The Application of Vocal Culture to the Treatment of Throat and Pulmonary Affections. By Eugene L. Crutchfield, M.D.

Report of the Board of Managers of the Pennsylvania Hospital to the Contributors, at their Annual Meeting, held May 4, 1891.

Pennsylvania Academy of the Fine Arts. Eighty-fourth Annual Report, February 2, 1891.

Sixth Annual Report of the Trustees and Board of Managers of the Medico-Chirurgical Hospital of Philadelphia.

COMMERCIAL NEWS.

Graduates, Attention!

For sale, cheap. Drug-store in manufacturing town; 8000 population. Only two physicians in town; neither of them connected with drug business. Several manufacturing villages without doctors near by, Rare chance for beginner. Address, at once, W. H. Wallace, Thurlow P. O., Pa.

How to Administer Iron.

It is generally considered that the officinal tincture of chloride of iron is the most valuable of the iron preparations therapeutically. The practical difficulties attending its administration for a length of time have been its disagreeably astringent taste, its corrosive action on the teeth, and its constipating action.

Dr. G. W. Weld's extensive experience in the practice of dentistry led him to recognize the virtues of the tincture of the chloride of iron as a stimulant resource for patients after the strain of the dentist's work. Repeated experiments to obtain a formula free from the objectionable features resulted in the preparation of a highly palatable syrup with all the therapeutic efficacy preserved. This has been extensively tested and placed in the hands of Parke, Davis & Co., for manufacture, who strongly commend it to the medical profession for trial. Being prepared after Dr. Weld's formula, it is entitled Weld's Syrup of Iron Chloride (P., D. & Co.'s). It is believed it will effect a revolution in iron administration.

Diarrhœa in Childhood.

For a child 1 year old, give:—

℞ Kennedy's ext. Pinus Can. (dark), ... 3 drachms.
Acid. nit. mur., . . . 5 drops.
Syr. orange-peel, q. s. ad 2 ounces.

M. Sig.: Teaspoonful every two or three hours.

R. W. St. Clair, M.D., Brooklyn, N. Y., says: "I have used S. H. Kennedy's Extract of Pinus Canadensis for two years, in a large practice, and so far have never failed in reaching the most happy results. One case of nasal catarrh, that resisted the best treatment of some of our best practitioners, came to me. I began with the Pinus Canadensis, and am pleased to say that the cure is absolute. In 2 cases of diphtheria I used Pinus Canadensis, 1 ounce to one-half pint of water, with the best results. The membrane peeled off and no new formed. In leucorrhœa, gonorrhœa, gleet, etc., it is all that is needed. I know of nothing to take its place. I prescribe it many times daily; as a rule, I do not advocate injections into the womb, but I have in cases of endometritis used the Pinus Canadensis (Kennedy's always) with great satisfaction to myself and relief to my patients."

Thompson's Malted Beef.

The preparation bearing the above name is very highly spoken of, especially in cases of debility following influenza. Their advertisement appears on colored insert, page vii.

Specimen Jars.

H. Landenberger, 25 and 27 N. Thirteenth Street, Philadelphia, carries a stock of Jars in desirable sizes, and will furnish prices, etc., on application.

Dorchester, Neb., Oct. 26, 1891.

Gentlemen: Having had quite a number of cases of typhoid fever to treat during the past season, I have found opportunity in abundance for making a thorough test of the various antipyretics. The result has been that I have found your Antikamnia superior to them all. Have not noted the least sign of depression following its use in any instance, but rather a sense of well-being and comfort. I have not found it necessary to use it in larger doses than 5 grains, repeated every four hours, to thoroughly control the temperature during the tendency to hyperpyrexia. After this stage has passed, I have usually found the following formula to meet the indications:—

℞ Antikamnia, . . . 20 grains.
Pulv. ipecac. comp.,
Quin. sulph., . . āā 12 "
M. ft. capsulæ no. xii.
Sig.: Capsule every four hours.

S. G. Panter, M.D.

I have used Peacock's Bromides with marked success in cases of hysteria, cerebral congestion, convulsions, spinal meningitis, and, in fact, all nervous diseases. John Croft, M.D.

Detroit, Mich.

U S. Army Medical Examining Board,
Room 54 Army Building, No. 39 Whitehall St.,
New York, May 15, 1891.

Mr. Charles Marchand,
No. 10 West Fourth St. N. Y. City.

Dear Sir: In reply to your letter of May 14, 1891, I have to state that your samples (Marchand's Peroxide of Hydrogen Medicinal) have been received and your remarks noted, for both of which I thank you. The Army Medical Examining Board has recommended that your preparation be placed upon the Standard Supply Table of the Medical Department of the Army, and I wish to thank you in their name.

Very respectfully,

E. P. Vollum,
Col. and Chief Purveyer U. S. A., Prest. of the Army Medical Examining Board.